



2020-2021 4-H Member's Code of Conduct

Everyone is responsible for upholding and following this code so that we may work together well and achieve the educational goals of our program.

- I will be considerate and courteous and respect the rights and feelings of all the members, leaders and guests of my 4-H club.
- I will act in a mature, responsible way, remembering that I am a role model and representing Schoharie County 4-H.
- I will not use anyone else's things without permission.
- I will cooperate with all reasonable requests made by the leaders, chaperones, and other adults who help at my 4-H club, project meetings and trips.
- I will come to 4-H meetings and activities on time and participate in the planned program even when an activity is not my favorite. While participating, I will make sure to act so that everyone involved can stay safe, have fun, and learn something.
- I will not use or bring to any 4-H meeting or activity any alcoholic beverage, tobacco product, or illegal drug.
- I will not bring to any 4-H meeting or activity any gun, knife, or anything else that could be used as a weapon, unless it is required for a project, class, or activity. (I understand that my leader or the instructor will give me a written list of equipment when such items are needed.)
- I will dress appropriately for 4-H events, following special event guidelines when requested.
- When I choose to participate in county, district, state or national 4-H activities I will obey the special rules that apply to those activities.

Consequences

I understand that if I choose not to follow this code, I may:

- In mild cases, receive a warning
- Be able to remain at the event, but be barred from a future event
- Lose Fair premiums (if misbehavior occurs at Fair)
- Be sent home at my family's expense.
- Be asked to a conference with Staff, the Program Committee, and my family

I promise to obey this code of conduct

(Member's signature)

I have read this Code of Conduct and have witnessed my child's signature

(Signature of parent or guardian)

Date

Cornell Cooperative Extension
Permission Slip and Medical Release Form

Please print:

Child's Name _____ Date of Birth _____

Address _____

Parent/Guardian _____ Phone _____

In case of emergency, contact _____ Phone _____

Cell phone: _____ Work: _____

Activity _____ Date(s) _____ Location(s) _____

Activity Director _____

Medical History

Check any and all that apply to your child:

Date of Last Tetanus Booster _____

Illnesses

Allergies

Ear Infections _____

Hay Fever _____

Rheumatic Fever _____

Insect Stings _____

Convulsions _____

Ivy Poisonings _____

Diabetes _____

Penicillin _____

Asthma _____

Other (specify) _____

Current prescribed medication (specify) _____

On the back of this form, specify any other health concerns, physical activity restrictions, or other information you want the chaperons or director of this activity to be aware of on behalf of your child's welfare. Also indicate if your child requires any special dietary needs.

Family Medical and Hospitalization Coverage

Name of **Medical** Insurance Company or Government Program (**Medicaid, etc.**) _____

Identification/Policy # _____

Family Physician's Name and Phone Number _____

Permissions Granted

1. I hereby give my child permission to fully participate (subject to the restrictions noted) in the Cornell Cooperative Extension activity on the date(s) and at the location(s) indicated above.
2. I permit the use of any photos, slides, films, or sketches of him/her taken during the activity for publicity, advertising, and promotion.
3. I further grant permission to the director of the activity (or authorized designee) to dispense to my child any prescribed medication he/she is currently taking.
4. I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

Signature _____ Date _____

Parent or Guardian

Cornell Cooperative Extension is an equal program provider. Participants needing accommodations under the Americans with Disabilities Act should contact the director of the activity.



4-H Program Year: October 1, 2020 through September 30, 2021

ACKNOWLEDGEMENT OF RISK

This form must be completed to participate in 4-H clubs and related activities...

I hereby apply for my child to participate in the 4-H club/activity indicated below to be conducted by the designated Cornell Cooperative Extension Association and acknowledge as follows:

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the 4-H club and activities and my child's participation in said 4-H club and all its activities and use of any equipment related to such activities may result in injury, illness or death and damage to personal property.

I understand other participants, accidents, forces of nature or other causes may cause these risks and dangers and I hereby accept these risks and dangers.

My child is in good health and is at or above the minimum age of 5 for Cloverbud members and 8 for regular members required to participate in this activity and is able to participate in any strenuous physical activity associated therewith.

Please check all anticipated program participation

- ☐ All 4-H activities and events for program year
- ☐ Working with dogs
- ☐ Physical Fitness
- ☐ Shooting Sports

Cloverbud Members

- ☐ Cloverbud Activities
- ☐ Cloverbud working with equine or other animal programs

4-H Equine (Horse) Activities

- ☐ Participating in an equine club
- ☐ Working with equines beyond club level including clinics, camps, shows
- ☐ Working with equines in mounted "over fences" activities. **(this does include trail class).**

I (the parent/legal guardian) am aware that my child will be participating in 4-H Horse Program mounted "over fences" activities at Cornell University Cooperative Extension Schoharie and Otsego Counties, multiple county, regional, or state sponsored events. I give my child permission to participate. Mounted "over fences" classes in the NYS 4-H Horse Program could include ground rail, cross rail, and/or other over fences classes and obstacles. The obstacles will be no higher than 3 foot in any of the 4-H activities.

I have read the above and by signing it I agree it is my intention to have my child participate in the indicated activity and I understand and accept the risks involved. This shall be binding on my heirs, successors, assigns, administrators and executors. Any claims or disputes arising out of my child's participation in the activity shall be venued in the Supreme Court of the State of New York of the county where the County Extension office is located. I am at least twenty-one (21) years of age and I am the legal parent/guardian authorized to sign this document on behalf of the child named herein.

CHILD/CUSTODIAL RELEASE

If there are any restrictions regarding the release of information or custody as to either parent, please provide on an additional sheet all such restrictions, and supporting documentation. If there is any uncertainty or lack of clarity regarding particular release issues, Cornell Cooperative Extension Schoharie and Otsego Counties will request a joint meeting with the parents and 4-H Leader to discuss and resolve such issues.

Parent/Guardian: Please initial: _____

PHOTO RELEASE

By signing this form, I consent and give permission to allow Cornell Cooperative Extension the unlimited right to use photos, videos, direct quotes, and/or audio clips that they have of me participating in Cornell Cooperative Extension programs or events. I agree to give up my rights with regards to Cornell Cooperative Extension photos, videos, direct quotes, and/or audio clips of me. Further, by signing this consent and release form, I acknowledge that I understand and agree to the above request and conditions. I sign this form freely and without inducement.

Please Circle: Yes OR No Parent/Guardian: Please initial: .

Signatures

With my signature, which I voluntarily affix to this document, I acknowledge that the information is accurate to best of my knowledge, and I have read and understand the terms of all releases, acknowledgements and agreements herein, specifically including parts Custodial Release, Photo Release, Acknowledgement of Risk, Signatures.

Youth Signature: _____

Parent / Guardian Signature: _____

Parent/Guardian (please print name) _____

Date: ____/____/____



Cooperative Extension Schoharie and Otsego Counties

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