Wyoming County 4-H Member Enrollment Form Year 2025-2026

Thank you for your interest in the Wyoming County 4-H Program!
Please fill out the following form and return to the 4-H Office along with the enrollment fee.

Personal Information:

Family Email:_____

Member Email (if applicable): _____

Member First Name: _____ Last Name: _____

Preferred Name:_____

Mailing Address Line 1: _____

Mailing Address Line 2: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Gender: ____

Primary Phone Number: _____

Correspondence Preference: ❒ MAIL ❒ MAIL AND E-MAIL

Do you wish to receive text messages? ❒YES ❒NO If yes please provide your provider: _____

Parent/Guardian Information:

Primary Parent/Guardian:

First Name: _____ Last Name: _____

Cell Number: _____

Parent/Guardian Two:

First Name: _____ Last Name: _____

Cell Number: _____

(If different than above):

Secondary Parent/Guardian Email: _____

Send Correspondence to second address:

Salutation:_____

Mailing Address:_____

City: _____ State:_____ Zip:_____

Demographic Information:

Ethnicity:

Are you of Hispanic or Latino ethnicity? ❒YES ❒NO

Race: ❒White ❒Black or African American ❒American Indian or Alaskan Native ❒Hawaiian & Pacific Islander ❒Asian ❒ Prefer Not to State

Residence: ❒*Farm* ❒*Town < 10k and rural non-farm* ❒*Town 10k-50k and suburbs* ❒*Suburbs of City > 50k* ❒*Central City > 50k*

Military Service of Family:

Family Member Military Service: ❒No one in my family is serving ❒I have a parent serving ❒I have a sibling serving

Branch: _____ ❒Active ❒Reserve ❒National Guard

School Information:

School County : _____

School District: _____

School Name: _____

2025-2026 Grade: _____

Office Use:

Entered into the Computer;_____

4-H Information:

Have You Filled Out The Following Forms This Year? ❒ Photo/Media Release ❒ Liability Waiver ❒ Code of Conduct

Years in 4-H (completed as of 2025): _____

Enrollment Fee **($15 Wyoming Co. resident / $20 Out-Of-County)**

Cash amount paid: _____

Check #/amount paid: _____

2025-2026 Club Information:

Primary Club Name or Independent Member: _____

Club Officer: ❒Yes ❒No Officer Position: _____

Club Name #2: _____

Club Officer: ❒Yes ❒No Officer Position: _____

Club Name #2: _____

Club Officer: ❒Yes ❒No Officer Position: _____

Club Name #2: _____

Club Officer: ❒Yes ❒No Officer Position: _____

2025-2026 4-H Project Interest:

Please select all 4-H projects you might be interested in.

**** This does NOT automatically enroll you in a project, but provides 4-H program staff with interest levels ****

Animal Science
- ❒ Beef
- ❒ Dairy
- ❒ Dog Obedience
- ❒ Goat
- ❒ Horse
- ❒ Poultry
- ❒ Rabbits/Cavies
- ❒ Sheep
- ❒ Swine

❒ Choose Health / Fitness

❒ Clothing and Textile
- ❒ Needle Art

❒ Cloverbud *(5 to 7 year olds)*

❒ Community Service

❒ Fine Arts and Crafts

❒ Foods and Nutrition
- ❒ Cooking & Baking
- ❒ Food Science
- ❒ Home Food Presentation

❒ Legos/Robotics

❒ Plant Science
- ❒ Flowers
- ❒ Vegetable
- ❒ Gladiola
- ❒ Giant Vegetable

❒ Home Improvement/Fabric Furnishing

❒ Leadership Skills Development/ Junior Leadership *(must be 13 years or older)*

❒ Meat Animal Project *(Select one)*
- ❒ Beef or Dairy
- ❒ Swine
- ❒ Lamb
- ❒ Poultry
- ❒ Goat

❒ Natural Resources
- ❒ Hiking
- ❒ Fishing
- ❒ Pheasants
- ❒ Other: _____

❒ Performing Arts/Expressive Arts

❒ Photography/Visual Arts

❒ Public Presentations

❒ Shooting Sports

❒ Small Engines/Tractor
- ❒ Tractor Certification *(must be 14 years or older)*

❒ STEM activities

❒ Teen Leaders

❒ Woodworking/Handyman/Electrical

❒ Vet Science

❒ Other:

_____

Photo, Video, and Audio Consent and Release Form

From time to time, photographs, videos, direct quotes, and/or audio clips may be taken of youth and adults attending Cornell Cooperative Extension events or participating in Cornell Cooperative Extension-sponsored programs and activities. Cornell Cooperative Extension requests the right to use all such photos, videos, print material and/or audio clips taken of youth and adults involved in these programs and activities. They may be used for a variety of purposes, including, but not limited to, publications, promotional brochures, promotions or showcase of programs on our Web sites, showcase of activities in local and/or national newspapers or programming, and other similar lawful purposes. 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.

☐ I do **not** release media consent of my child

Wyoming County 4-H Youth Development Member Code of Conduct Commitment

These expectations are to be shared with all Wyoming County 4-H Members participating in events prior to the event. This will establish a clear understanding of expectations among the individuals involved. Chaperones on any 4-H trip will be enforcing this code.

Expected Behavior:

1. All participants are expected to be responsive to the reasonable requests of the adult in charge at the time given. This includes the following rules and regulations of the given event.

2. All participants are expected to participate in all of the planned programs, to be on time and follow through on assigned tasks/responsibilities in a manner that insures the safety, well-being, and quality of the educational experience for self and others.

3. All participants will act in a mature, responsible manner, recognizing that they are role models for others and are representing themselves and Wyoming County 4-H.

4. All participants will be dressed appropriately for the event. If you are unsure of what is appropriate for the event, contact the 4-H staff person in advance.

5. All participants will be considerate and courteous of all youth and adults and their property at all times.

6. All participants will respect the rights and opinions of others, realizing that customs may be different.

7. All participants are to refrain from the possession and/or use of illegal drugs, tobacco products, alcoholic beverages, firearms and other weapons at all times.

8. All participants are to refrain from romantic displays, sexual activities, and harassment either in public or private situations. These actions will not be tolerated.

Consequences (Any of the following may apply, depending on severity of the situation.)

1. In mild cases, a warning may be given.

2. Youth may be sent home at family's expense.

3. Youth may be barred from a future event.

With my signature, which I voluntarily affix to this document, I acknowledge that the information is accurate to the best of my knowledge, and I have read and understand the terms of all releases, acknowledge and agreements including the following parts: Member Code of Conduct and Photo Release From.

Youth Name: _____ Date: _____

(Please Print)

Parent/ Guardian: _____ Date: _____

(Please Print)

Parent/ Guardian Signature: _____ Date: _____

Acknowledgement of Risk Form – 4-H Member

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

This form may be completed during 4-H enrollment for the full program year for 4-H activities/4-H equine activities and events designated below at the club, county, multiple county, regional, state and national level.

I hereby apply for my child to participate in the 4-H club and/or 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 risk and dangers and I hereby accept these risk 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 4-H members/8 for regular 4-H Equine club members** required to participate in this activity and is able to participate in any strenuous physical activity associated therewith

Cornell Cooperative Extension of Wyoming County 4-H Program Year: October 1, 2025 – September 30, 2026

Select anticipated program participation:

❒ All 4-H Activities and Events for the 2025-2026 Program Year

4-H Club Activities:

- ❒ Working with dogs
- ❒ Physical Fitness programs
- ❒ Shooting Sports

4-H Club Equine Activities:

- ❒ Participating in an equine club
- ❒ Working with equines beyond club level including clinics, camps, shows
- ❒ Working with equines in mounted "over fences" activities. I (the parent or legal guardian) am aware that my child will be participating in 4-H Horse Program mounted "over fences" activities at Cornell University Cooperative Extension county, multiple county, regional, or state spon-sored 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 (this does include trail class). The obstacles will be no higher than 3 foot in any of the 4-H activities.

For Cloverbuds (youth 5-8 years old only):

- ❒ Cloverbud activities
- ❒ Cloverbud working with equine or other animal programs

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.

PARTICIPANT'S NAME (print):_____

DATE OF BIRTH:_____

ADDRESS: _____

PARENT GUARDIAN NAME (print): _____

SIGNATURE: _____ **DATE:** _____

This form must be kept on file until participant reaches age 21.

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