

2019 Enfield Youth Services Fall Program Registration Form

Pre Registration Is Required!

Space is limited, please fill out this form and return it ASAP

You will be contacted only if the program or programs you have registered for are full.

- 1. Please Fill out a separate form for each participant! Please remember to make a copy of your form for your own records. Be sure to check the box next to the programs that your child is signing up for.
2. Please make checks payable to Cornell Cooperative Extension. Payment is voluntary and helps to support Enfield Youth Services. No one will be turned away due to inability to pay.
3. Please drop off at Boynton Middle School Office or Return to Eric during the lunch period.

Youth Information (Please Print)

Youth Name: Birth date: M/F: Grade:

Address:

Ethnicity: Hispanic Non-Hispanic

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

Medical Conditions/Restrictions, or special needs?

Allergies?

Parent/Guardian Name:

Phone: (Home) (Work) (e-mail)

Emergency Contact Information Name:

Phone: (Home) (Work)

Yes, I give permission for my child to fully participate in 4-H Rural Youth Services programs and to ride in Cooperative Extension program van if necessary to get to and from activities, field trips and to transport youth home if necessary.

By signing this form my child is enrolled in the Tompkins County 4-H Program.

Yes, I give permission for program staff and/or other emergency care personnel to administer first aid or medical treatment in the event of an emergency involving my child.

Yes if your child requires prescription or over the counter medication during the trip. A PRN order must be obtained by your child's physician, the child must be able to self-administer the medication, which should come in the original container with only the specific dosages necessary for the duration of the trip. Parents must sign the PRN.

Yes, I give permission for my child to use a knife for carving and cooking purposes after they have had instruction on safe use and handling.

Yes, I give permission for my child to participate in program evaluation activities for the purpose identifying the program's value and ways to strengthen and improve it in the future. Activities may include: skills checklists, informal discussion, surveys, observation, or group activities. Any feedback or information gathered will remain anonymous.

Yes, I give permission for my child's photo to be taken during the activity and for any photo to be use for documentation and publicity purposes.

If my child is unable to attend a scheduled event, I will alert the program manager at 607-279-2981 or 272-2292 ext. 226

Yes, I understand that my child should dress appropriately for the programs that they are attending.

I fully understand and acknowledge that there are inherent risks and dangers in my child's participation in the above activities and my child's participation in such 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 incidents may cause these risks and dangers and I hereby accept these risks and dangers.

Parent/Guardian Signature: Date: