

Iron Chef

Mondays, Jan 08 - Feb 26, 4:30pm - 6:30pm

So you think you have the skill to make some quixotic cuisine?
Or maybe you would like to learn to make some tantalizing
treats? Come join us as we stir up some sensational snacks!

Meets @ Enfield Grange

Students will receive a bus pass



Yes! My child will participate!

Step Up!

Wednesdays, Jan 10 - Feb 28, 4:30pm - 6:30pm

Think you have some moves? Come find out! We'll have
instructors teach us dance, step as well as about rap, hip hop and
more!

Meets @ Enfield Community Center

Students will receive a bus pass



Yes! My child will participate!

Enfield Soars

Tuesdays, Jan 09 - Feb 27, 4:30pm - 6:30pm

Come join us for sessions of rocket building, space exploration
and astronomy. We'll even have the Cornell Rocketry team join
us as well as members of the Cornell Space Imaging Facility!

Meets @ Enfield Community Center

Students will receive a bus pass



Yes! My child will participate!

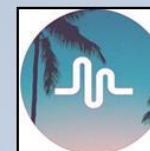
Viral Videos

Thursdays, Jan 11 - Mar 1, 4:30pm - 6:30pm

Upload good times! Join your friends and make videos for Vine,
and YouTube. Prep, record, edit, upload! It's viral time!

Meets @ Enfield Community Center

Students will receive a bus pass



Yes! My child will participate!

2018 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.

____ 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 used 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: _____

Enfield Youth Programs Winter 2018

FREE MIDDLE SCHOOL PROGRAMS

Lunch Bunch

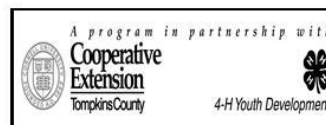
Mondays and Wednesdays during your Lunch!

Want something fun to do during lunch? Come join us for games, crafts and snacks!



Meets @ Boynton Cafeteria

Yes! My child will participate!



Follow our adventures online!

Facebook: www.facebook.com/enfieldrys

Instagram: EnfieldRYS

Please direct any questions to:

Eric Carter
Enfield Youth Program Educator
(607) 279-2981
EMC333@Cornell.edu

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