

Cornell University
Cooperative Extension
Allegany County

5435A County Road 48
Belmont, NY 14813
t. 585-268-7644
f. 585-268-5939
<http://cce.cornell.edu/allegany>

To: All Youth Interested in Tractor Safety Certificates

From: 
Lynn A. Bliven, Agriculture & Natural Resources Issue Leader

Date: May 1, 2018

2018 4-H Tractor & Machinery Certification Program

The 2018 4-H and FFA Tractor & Machinery Certification Program will be offered at the Allegany County Fairgrounds in Angelica June 20th, 21st and 22nd from 8:30 AM to 4:00 PM each day. State Law requires that 14 - 16 year olds be certified before operating farm tractors and machinery, Cornell University Cooperative Extension of Allegany County and the Vo-Ag Instructors are once again cooperating to provide this training.

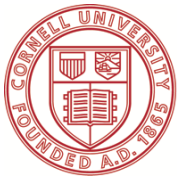
Registration and Authorization of Consent Forms are available from the 4-H office in Belmont by calling 585-268-7644 Ext. 18 (e-mail lao3@cornell.edu) or from the following Vocational Agriculture Instructors: Pat Ploetz – Cuba-Rushford, Tanya Nickerson – Fillmore. **The forms and \$18.00 registration fee are due in the 4-H office by June 15, 2018.**

Many farm accidents happen because people do not recognize dangers and/or are careless around hazardous machinery. Since working on a farm is a hazardous occupation, we need to be sure that young operators have had instruction in safe operation of farm machinery. Youth operating more powerful lawn tractors with multiple attachments are susceptible to many of the same dangers faced on farms while working in the backyard. While certification is not required for youth working at home, this safety program can help ensure family safety when operating lawn mower and gardening equipment.

4-H and FFA youth that pass the course are eligible to enter the Tractor Operators' Contest at the Allegany County Fair on Tuesday, July 17, 2018 at 9:30 AM. County winners may be considered for competition at Empire Farm Days.

Building Strong and Vibrant New York Communities

Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities.



Cornell University
Cooperative Extension
Allegany County

5435A County Road 48
Belmont, NY 14813
t. 585-268-7644
f. 585-268-5939
<http://cce.cornell.edu/allegany>

Return this form by: June 15, 2018

Send to: Cornell University Cooperative Extension

Allegany County
5435A County Road 48
Belmont, NY 14813

OR

Give this completed form to your Agriculture Teacher

Please register me for the: **2018 4-H Tractor and Machinery Certification Program**

Classes are from 8:30 AM – 4:00 PM on June 20, 21, 22

All participants must provide their own lunch.

_____ Enclosed is my \$18.00 registration/material fee.

Please make checks payable to: Cornell University Cooperative Extension

I expect summer employment working with tractors and machinery:

_____ YES _____ NO

PLEASE PRINT CLEARLY:

Name: _____

Address: _____

Street/PO Box

City

State

Zip

Birth Date: _____ Home Phone: _____ School Phone: _____

Signature of Parent or Guardian _____

Building Strong and Vibrant New York Communities

Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities.



Permission Slip and Medical Release Form

Please print/or type:

Child's Name: _____ Date of Birth: _____

Address: _____

Parent/Guardian: _____ Phone: _____

In case of emergency, contact _____ Phone: _____

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 _____

Other (specify) _____

Other (specify) _____

Current prescribed medication (specify): _____

Family Medical and Hospitalization Coverage

Name of Insurance Company or Government Program: _____

Identification/Policy #: _____

Family Physician's name and Phone Number: _____

Permissions Granted

I hereby give my child permission to fully participate (subject to the restrictions noted) in the Cornell University Cooperative Extension activity on the date(s) and at the location(s) indicated above. I permit the use of any photos, slides, films, or sketches of him/her taken during the activity for publicity, advertising, and promotion.

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.

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 of my child named above to be medically treated by a physician or medical facility as appropriate.

Signature of Parent or Guardian _____ Date: _____

Building Strong and Vibrant New York Communities

Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities.