

**Mat-Su/Copper River 4-H Int/Sen HORSE CAMP**  
**Intermediate** (Finished Grade 6<sup>th</sup>-8<sup>th</sup>) **& Senior** (Grades 9<sup>th</sup>-12<sup>th</sup>)  
**June 14-16, 2016**

*(Check-in 1pm Tuesday, June 14<sup>th</sup> – Check-out Thursday, June 16<sup>th</sup>, at 3pm)*

**PLEASE RETURN CAMP PACKET FORMS WITH PAYMENT**

DROP OFF OR MAIL FORMS TO THE COOPERATIVE EXTENTION (CES) OFFICE AT:  
1509 Georgeson Dr., PALMER, AK 99645

<b>2016 HORSE CAMP FEES</b>	
Camp Fee	<b>\$150.00</b>
Late Fee (After May 24 <sup>th</sup> until June 6 <sup>th</sup> )	<b>\$50.00</b> <i>Note: No packets accepted after June 6<sup>th</sup></i>
Stall deposit	<b>\$40.00</b> (\$20 refunded on checkout of clean stall) <b>NOTE: Shavings are required and must be provided by participant</b>
Non-Volunteer Fee (If parent cannot volunteer 6 hours)	<b>\$50.00</b>
<b>Total Enclosed</b>	

- **Seniors** ~ If you desire to be a camp counselor at the junior camp for a discount on your camp, please contact Lee Hecimovich at 745-3360.

*\*Payment in full is required to reserve your spot. \* Checks payable to Mat-Su Horse Council*

A COPY OF YOUR HORSE'S CURRENT EIA AND HORSE CERTIFICATE SHOULD BE ON FILE AT THE CES OFFICE IN PALMER BY May 1<sup>st</sup>. HORSES ARE NOT ALLOWED AT THE FACILITY WITHOUT A CURRENT EIA. WE RECOMMEND THAT YOU KEEP A COPY OF BOTH DOCUMENTS IN YOUR TRAILER AT ALL TIMES.

THIS YEAR WHEN THE VET COLLECTS YOUR HORSE'S EIA SPECIMEN, PLEASE ASK THEM TO CHECK TO MAKE SURE YOUR HORSE IS HEALTHY ENOUGH TO ATTEND 4-H HORSE CAMP.

As a courtesy, if your horse has been exposed to strangles or any transferable disease, it should be free from symptoms for 14 days after exposure before it is brought to a horse activity.

Note that bedding will NOT be available for you. You MUST provide your own. Stalls will be required to be stripped prior to the return of your stall deposit.

**CAMPER'S CONTRACT** – I promise to abide by the 4-H Horse Camp rules. I understand that if I do not abide by the camp rules I will be subject to the "2 Strike Rule" where my parents will be notified and I will be excluded from the remainder of camp.

Camper Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mat-Su/Copper River 4H District**  
**INT/SENIOR HORSE CAMP REGISTRATION**

*Camp: June 14-16, 2015*

**FORMS DUE: May 24<sup>th</sup>!!! NO LATE PACKETS ACCEPTED AFTER AFTER June 6<sup>th</sup>!**

<b>Camper's Name:</b>		<b>Phone #:</b>	
<b>Last Grade Completed</b>	<b>Age:</b>	<b>Male/Female:</b>	
<b>Club Name:</b>		<b>Leader's Name</b>	
<b>Parent(s)/ Legal Guardian</b>		<b>Work Phone:</b>	
<b>Mailing Address:</b>		<b>Home Phone:</b>	
<b>City/State/ Zip</b>		<b>Cell Phone:</b>	
<b>Emergency Contact:</b>		<b>Emergency Phone #:</b>	

<b>Riding Ability</b>	
Walk	
Trot	
Canter	

<b>How many years has the camper been:</b>	
Riding?	
Attending Camp?	

Do you prefer English Riding or Western Riding? \_\_\_\_\_

<b>Horse's Name:</b>		<b>Mare or Gelding?</b>	
<b>Horse's Owner:</b>		If borrowed, please attach owner's permission slip.	
<i>Does your horse need to be stalled next to any particular horse?</i>		<i>Please list other horse &amp; owner's name:</i>	
<b>**Remember horses that kick or bite need to have a red ribbon tied in the forelock or tail**</b>			

**CAMPER OVERNIGHT INFORMATION - PLEASE CHECK ONE**

	My child will be going home at night to sleep (leaving by 9:00 pm each night).
	My child will stay at camp with a counselor at night.

Campers will **NOT** be permitted to leave the grounds at any time unless they have signed out with the camp director. Families are welcome to participate. However, parents are responsible for any non-riding children that are on the grounds. A child may be picked up from camp only by the parent or legal guardian listed on this form by showing proper identification or unless otherwise specified on this form. **ALL** persons authorized to pick a child up from camp must show their ID or be known by camp staff.

**I authorize the following person(s) to pick up my child: \_\_\_\_\_**  
**Parent/Legal Guardian Signature: \_\_\_\_\_**

# VOLUNTEER SIGNUP

June 14 at 1pm –June 16 at 3pm, 2016

4-H Horse Camp is run entirely by volunteer workers, this includes camp committee members. **All parents must volunteer a minimum of 6 hours while their child is in camp.** If a parent is unable to fulfill this obligation, an adult family member or friend may complete the required 6 volunteer hours or pay a \$50 non-volunteer fee. *Note: Due to safety reasons, we are asking all volunteer parents to please be responsible for your children even when volunteering.* We would like this to be a family function, but need to ensure the safety of all.

Please check next to all items that you are willing and able to contribute to making this 4-H event an incredible experience. Thank you for volunteering and helping create lasting memories for our children!

Tue	Wed	Thr	
	N/A		<b>Tents</b> –Set Up/Tear Down
			<b>Kitchen</b>
N/A			Morning
		N/A	Afternoon
		N/A	Evening
			<b>Crafts/Activities</b>
N/A	N/A	N/A	Morning
N/A			Afternoon
		N/A	Evening
			<b>Photographer</b>
			<b>Barn Rover/General Help</b>
N/A			Morning
			Afternoon
		N/A	Evening

Tue	Wed	Thr	
			<b>Nurse/EMT</b>
N/A			Morning
		N/A	Afternoon
		N/A	Evening
			<b>Daily Shifts (help where needed)</b>
N/A			Morning
		N/A	Afternoon
		N/A	Evening
			<b>Arena Helper</b>
N/A			Morning
			Afternoon
			<b>OTHER (please list)</b>
N/A			Morning
			Afternoon
			Evening

Parent Volunteer Name: \_\_\_\_\_ Contact phone number: \_\_\_\_\_

I give my permission for a veterinarian to treat my horse in case of emergency. I will assume financial responsibility for said care and will pay or make arrangements to pay the veterinarian before the close of camp. I understand an attempt will be made to reach me before a veterinarian is called.

My veterinarian of choice is (if available)

Name & Phone Number \_\_\_\_\_ Signature of Owner \_\_\_\_\_



## Emergency & Medical / Health Information

Name \_\_\_\_\_ Birth date \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_  
 Parent or Guardian \_\_\_\_\_ Email \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 Physical address \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Relatives or friends to act in my behalf, in case of emergency, if I cannot be reached:**

<i>Emergency Contact Name</i>	<i>Emergency Contact Name</i>
<i>Home Phone</i>	<i>Home Phone</i>
<i>Alternate Phone</i>	<i>Alternate Phone</i>
<i>Address</i>	<i>Address</i>

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Under doctor's care now? \_\_\_\_\_ If yes, please explain on back.

Prescribed medicine \_\_\_\_\_

**(All meds must be turned in to chaperone or camp nurse.)**

**Note:** If bringing medications to the event or program, please make sure that your name is on them and that dosage directions are clearly indicated.

Allergies to medications/foods/insects/other? \_\_\_\_\_ List \_\_\_\_\_

**Health History:** Is youth subject to: Indicate **YES** or **NO**

_____ Hernia	_____ Hay Fever	_____ Nervous Disorders	_____ Asthma
_____ Frequent Colds	_____ Fainting Spells	_____ Sleepwalking	_____ Ear/Sinus
_____ Allergies	_____ Insect Stings	_____ Drug Sensitivity	_____ Enuresis (bed wetting)
_____ Epilepsy	_____ Heart Trouble	_____ Diabetes (take insulin?)	
_____ Food Allergies	_____ Bleeding/clotting disorders		

If **YES** on any of the above, please explain \_\_\_\_\_

**Has the youth had:**

_____ Poliomyelitis	_____ Hay Fever	_____ Rheumatic Fever
_____ Appendicitis Attack	_____ Measles	_____ Mumps
_____ Chicken Pox	_____ Whooping Cough	_____ Scarlet Fever

Is the youth pregnant? \_\_\_\_\_ Date of Last Tetanus Booster: \_\_\_\_\_

Identify any physical/emotional problems that would prevent full participation in the program. \_\_\_\_\_

**Emergency Authorization:** I hereby give my permission to the medical staff selected by the Cooperative Extension Service faculty/staff to order x-rays, routine tests and treatment for the above named youth. In the event I, or one of the above named designees cannot be reached in an emergency, I hereby give my consent to emergency medical treatment, hospitalization or other medical treatment as needed. I will assume all financial obligations incurred if not covered by insurance.

\_\_\_\_\_  
*Signature of parent/guardian*

\_\_\_\_\_  
*Date*

Leaders should keep a copy of this form to have available when they are with club members.



## 4-H Code of Conduct

The 4-H Code of Conduct applies to all activities coordinated through UAF Cooperative Extension Service 4-H including local, district, state and national activities.

***While attending 4-H activities and events, I will:***

- Obey all rules established by the 4-H program, the local club/program and all local, state and federal laws.
- Conduct myself in a courteous manner and be respectful of the authority of adult volunteers, youth leaders, 4-H staff and others in leadership roles.
- Not use, accept or carry alcohol, drugs or tobacco, or associate with or remain in the presence of others using the substances.
- Know that the possession or use of firearms is prohibited, except when part of an approved shooting sports educational program.
- Respect all persons, facilities and vehicles. I will be responsible for any damage caused resulting from my behavior.
- Help others have a pleasant experience by making every attempt to include all participants in activities.
- Be in the assigned program area (for example: dorms, cabins, programs, etc.) at all times.
- Use appropriate language and dress appropriately for each event.
- Acknowledge that searches of personal property may take place when there is reasonable suspicion of violations of law or policies.

***While attending overnight events, I will also:***

- Not leave the activity or event unless permission is secured from the adult in charge.
- Be in my sleeping area and honor established curfews.
- Not enter the sleeping areas of members of the opposite gender and will I not invite non 4-H participants to the sleeping areas.

I have read the 4-H Code of Conduct and agree to live up to these expectations while participating in 4-H programs and events. I am aware that my actions and decisions affect others. I understand that my failure to act with good character could result in consequences, including dismissal from the event or program. I am willing to accept appropriate consequences of my actions.

**Member Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

I have read the 4-H Code of Conduct and I support my child living up to the expectations it outlines. I also agree to live up to the expectations of the Code of Conduct while participating in 4-H programs and events. I will support the individual(s) in charge in maintaining appropriate behavior and in the development of good character. I understand that I am responsible for all costs incurred by early departure should my child be sent home and that I may be asked to forfeit all funds expended upon my and/or my child's behalf during the event.

**Parent /Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_