

Horse Camp Registration Form

Camper Information

Horse Information

Camper name

Horse or pony name(s)

4-H Club

Stall preference for horse or pony :

Inside Outside (Health issues) Doesn't matter

County

Will your horse be shared with another rider? Yes No

Parent or Guardian Name

If yes, Name of Camper sharing horse _____

Phone # During Camp

Email

Have you been to Waushara County Horse Camp before? Yes No

Check this box if you are camping without a horse (un-mounted only)

Check this box if you are horseless horse

Check this box if you are horseless horse but sharing a horse

Parent is interested in taking a ground manners class

First year campers, please describe prior horse experience. This will ensure you are signed up for the correct level of riding.

Choose your Horse Camp Schedule

Refer to the schedule of classes & descriptions. List your first, second, & third choices for each slot. If you are sharing with a horseless horse member, you may want to complete your forms together. List un-mounted selection as well as mounted selection. Classes are filled in the order applications are received. (Horses can only be ridden in 4 classes per day).

Saturday -If you would like to audit the class please enter that :(Audit-Green horse)

Time Slot	First Choice	Second Choice	Third Choice
8:30-9:20			
9:40-10:40			
11:00-12:00			
1:30-2:30			
2:50-3:50			
4:10-4:55			

Sunday -If you would like to audit the class please enter that (Audit-Trail)

8:30-9:20			
9:40-10:40			
11:00-12:00			
1:30-2:30			
2:50-3:50			
4:00-4:30			

Tuition and Enclosure Checklist

A complete Horse Camp application will include the following:

- Horse Camp Registration Form (one per camper)
- Tuition and Enclosure Checklist (this sheet)
- Volunteer sign up form
- Health/medical form including waiver and consent (3 pages)
- Code of Conduct form – signed
- Stall Card(s) (one per horse or pony)
- Camp Counselor application (if camper so desires and is over 13) Form sent upon request
- Horse Camp Food volunteer (one per family)
- Tuition cash or check made out to **Waushara County 4-H Horse Project**

All camper T-Shirts are \$ 5.

Additional T-Shirts are (\$10) youth-XL & (\$15) XXL-5X. You may order shirts in these sizes:

Please indicate how many of each if more than one on the line.

Youth sizes: XS(2-4)_____ SM (6-8)_____ MD(10-12)_____ LG(14-16)_____

Adult sizes: SM_____ MD_____ LG_____ XL_____ XXL _____ Other_____

Total cost: \$_____

In the following amount

Waushara Co. 4-H members

Camp Tuition\$75 \$ _____
 additional child(ren) in same family..... \$50.\$ _____
 T-shirts Y-XL @ \$5 or \$10 (2X-5X@\$15).....\$ _____
 Total.....\$ _____

Other Counties 4-H members

Camp Tuition\$100\$ _____
 additional child(ren) in same family..... \$75. \$ _____
 T-shirts Y-XL @ \$5 or \$10 (2X-5X@\$15).....\$ _____
 Total.....\$ _____

Please indicate name of Waushara County 4-H members if you know someone:

Parent/Guardian: I hereby give permission for my son/daughter to participate in all activities of the 4-H Horse Camp. The managers are authorized to obtain medical care for my child or horse in the event of an emergency. I agree to hold the Waushara County 4-H Horse Project Group and Waushara County harmless for any illness or injury to horse or rider resulting from the activities of camp.

_____ Dated this _____ day of _____ 2017
 Parent's signature

CAMPERS: I agree to abide by the rules of Horse Camp and to follow the direction of the camp managers. I understand that I may be required to leave camp if I fail to abide by these rules.

_____ Dated this _____ day of _____ 2017
 Camper's signature

Mail this form or deliver at horse meetings to Nancy Kopach early for the best class choice, but no later than June 12. No refunds can be given after June 12. Do not mail this information to the UW-Extension office. Nancy Kopach W13036 N Front Street, Coloma, WI 54930. Incomplete applications will be returned.

Horse Camp Cloverbud Registration Form

Camper Information

Camper name

4-H Club

County

Current Cloverbud grade in school

Parent or Guardian Name

Phone # During Camp

Email

Choose your Horse Camp Schedule

Refer to the schedule of classes & descriptions. List your first, second, & third choices for each slot. **List craft or un-mounted selection.** Classes are filled in the order applications are received.

Saturday -If you would like to audit the class please enter that :(Audit-)

Time Slot	First Choice	Second Choice	Third Choice
8:30-9:20			
9:40-10:40			
11:00-12:00			
1:30-2:30			
2:50-3:50			
4:10-4:55			

Sunday -If you would like to audit the class please enter that (Audit-)

8:30-9:20			
9:40-10:40			
11:00-12:00			
1:30-2:30			
2:50-3:50			
4:00-4:30			

Tuition and Enclosure Checklist

A complete Horse Camp application will include the following:

- Horse Camp Cloverbud Registration Form (one per camper)
- Tuition and Enclosure Checklist (this sheet)
- Volunteer sign up form (in older horse member registration)
- Health/medical form (3pages)
- Code of Conduct form (signed)
- Horse Camp Food volunteer (one per family) (in older horse member registration)
- Tuition cash or check made out to **Waushara County 4-H Horse Project**

All camper T-Shirts are \$5.

Additional T-Shirts are (\$10) youth-XL & (\$15) XXL-5X. You may order shirts in these sizes:

Please indicate how many of each if more than one on the line.

Youth sizes: XS(2-4)___ SM (6-8)___ MD(10-12)___ LG(14-16)___

Adult sizes: SM___ MD___ LG___ XL___ XXL ___ Other___

Total cost: \$ _____

In the following amount

Waushara Co. Cloverbud 4-H members

Camp Tuition\$25 \$ _____

T-shirts Y-XL @ \$5\$ _____

Total.....\$ _____

Other Counties Cloverbud 4-H members

Camp Tuition\$25 \$ _____

T-shirts Y-XL @ \$5\$ _____

Total.....\$ _____

Please indicate name of Waushara County 4-H members if you know someone: _____

Parent/Guardian: I hereby give permission for my son/daughter to participate in all activities of the 4-H Horse Camp. The managers are authorized to obtain medical care for my child in the event of an emergency. I agree to hold the Waushara County 4-H Horse Project and Waushara County harmless for any illness or injury to my child resulting from the activities of camp.

_____ Dated this _____ day of _____ 2017

Parent's signature

CAMPERS: I agree to abide by the rules of Horse Camp and to follow the direction of the camp managers. I understand that I may be required to leave camp if I fail to abide by these rules.

_____ Dated this _____ day of _____ 2017

Camper's signature

Mail this form or deliver at horse meetings to Nancy Kopach early for the best class choice, but no later than June 12. No refunds can be given after June 12. Do not mail this information to the UW-Extension office.

Nancy Kopach
W13036 N Front Street
Coloma, WI 54930.

Incomplete applications will be returned.

University of Wisconsin – Extension

2017 Youth Event Health Form

Event Name: _____

Dates: _____

Youth Name: _____ Birth date ____/____/____ Age on 1st day of event _____ Sex: Male Female

Custodial Parent/Guardian (or spouse) _____ E-mail address: _____

Phone Numbers: Home _____ Work _____ Cell phone _____

Home address: _____
Street City State Zip

Second parent/guardian and/or emergency contact: _____ Phone: Home _____
Work _____

Address: _____
Street City State Zip

Yes	No	Health Conditions (check)	Yes	No	Allergies (check)	List specifics
		Asthma			Insect stings	
		Diabetes			Foods	
		Epilepsy			Medications	
		Psychiatric			Other	
		Cognitive/Developmental			Do any allergies require an EPIPEN injection?	
		Any dizziness, light-headedness or fainting associated with exercise within the past year?			Is insulin required and carried by youth?	
		Any unexplained, rapid or irregular heart beat within the past year?			Is an inhaler required and carried by youth?	
		A physician has sometime denied or restricted participation in sports due to a heart problem.	Date of last Tetanus booster: (mm/dd/yy)			

Name of Insurance Co.: _____ Policy #: _____

Medications camper will be taking during event/camp:

Medication #1	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number

Describe side effects (mood/behavior changes, upset stomach, diarrhea):

 List any special instructions or additional information regarding the medication that would be helpful to the health care staff:

**UW - Extension
Youth Event Health Form (Continued)**

Participant Name: _____

Parent/Guardian Signature: _____

Medication #2	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number
Describe side effects (mood/behavior changes, upset stomach, diarrhea):				
List any special instructions or additional information regarding the medication that would be helpful to the health care staff:				

Medication #3	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number
Describe side effects (mood/behavior changes, upset stomach, diarrhea):				
List any special instructions or additional information regarding the medication that would be helpful to the health care staff:				

Medication #4	Reason	Dosage (mg)	Times of day given	Prescribing Physician & Phone Number
Describe side effects (mood/behavior changes, upset stomach, diarrhea):				
List any special instructions or additional information regarding the medication that would be helpful to the health care staff:				

Programs may have limited over-the-counter medications available. Select medications that can be administered, if available.

Acetaminophen (Tylenol): Yes No

Hydrocortisone (anti-itch) cream: Yes No

Benadryl: Yes No

Ibuprofen: Yes No

CONSENT FOR MEDICATION ADMINISTRATION AND MEDICAL TREATMENT

TO THE PARENT(S) OR LEGAL GUARDIAN:

If your son, daughter, or ward will be under the age of 18 while participating in a University of Wisconsin – Extension event/camp/program, it is event/camp/program policy to secure your consent for medication distribution and for the use of medical devices. The medication or medical device must be administered by designated event/camp/program health staff with the exception that a limited amount of medication for life-threatening conditions may be carried and administered by my son/daughter/ward (i.e. bee sting kit, inhaler, insulin syringe).

It is event/camp policy to secure your consent for medication distribution and for the use of medical devices by signing below.

Please check all that apply:

Yes	No	
		No medication(s) has been brought to event/camp.
		Prescription medication(s) has been brought to event/camp. All prescription medication must be in the original medicine bottle and labeled with the youth participant's name, doctor's name, medication name, dosage, prescription number, date prescribed, and instructions. Also, information about any prescription medications must be provided in writing to event/camp health staff with the information requested in the later section of this form.
		Over-the-counter medications have been brought to event/camp and may be administered by event/camp health staff as needed. All over-the-counter medications must be labeled with the youth participant's name, medication name, dosage and instruction.



If your son, daughter, or ward will be under the age of 18 years while at the event/camp, it is our policy to secure your consent for **all of the following**. By signing below,

- I am giving my consent in advance for medical treatment at an appropriate medical facility in case of illness or injury.
- I am stating that I am aware of and accept the risk inherent in the program activity.
- I attest that all information on this form is correct and up-to-date, and that I will provide any and all significant material, and important changes to any information in this form to event/camp staff no later than check-in.
- I agree to hold harmless and indemnify the Board of Regents of the University of Wisconsin System, and the University of Wisconsin –Extension, their officers, agents, and employees from any and all liability, loss, damages, costs, or expenses which are sustained, incurred or required arising out of the actions of my son, daughter or ward in the course of the event/camp.

Participant Name (Please Print)

SIGNATURE OF PARENT OR LEGAL GUARDIAN

Date

● Wisconsin 4-H Youth Development Code of Conduct

As a 4-H participant, I will:

- adhere to program rules, curfews, dress codes, policies, and rules of the facility being used.
- conduct myself in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship, and provide a positive role model.
- comply with local, state and federal laws.
- abstain from use of alcohol, illicit drugs, and tobacco during 4-H events and activities.
- fully participate in scheduled activities and orientations.
- respect others' property and privacy rights.
- abstain from child abuse (physical, sexual, emotional and neglect), harassment, hazing and bullying.
- accept personal responsibility for behavior including any financial damage.
- adhere to safety rules.

Consequences for violating any part of this Code of Conduct may include, but are not limited to:

- removal from participation in the event in which the Code of Conduct has been violated (at the individual's expense).
- suspension of membership.
- sanctions on participation in future 4-H events.
- forfeiture or repayment of financial support for the event.
- removal from leadership positions held.
- loss of status as a "member in good standing."

It is the responsibility of all program participants to reinforce the code of conduct and intervene when necessary to enforce the rules. I have shared the code of conduct with my son, daughter or ward. We have read, understand, and agree to the above.

Member Signature _____ Date _____

Parent Signature _____ Date _____

Parent or Leader Volunteers Needed!

We need you to make camp a success!

Please mark the shifts indicating when you will help at camp. If you choose arena help I will try my best to schedule you in the arena your child is riding in if you request that.

Parent or Leader name _____

I can work the following shifts:

FOOD

<input type="checkbox"/> Saturday Breakfast	<input type="checkbox"/> Saturday Lunch	<input type="checkbox"/> Snacks
<input type="checkbox"/> Saturday Lunch	<input type="checkbox"/> Sunday Lunch	
<input type="checkbox"/> Saturday Supper	<input type="checkbox"/> Sunday Breakfast	

BARN

<input type="checkbox"/> Help Saturday Morning	<input type="checkbox"/> Help Sunday Morning	
<input type="checkbox"/> Help Saturday Afternoon	<input type="checkbox"/> Sunday Afternoon	
<input type="checkbox"/> Help Saturday Evening		

DORM

<input type="checkbox"/> Friday night camper check in	<input type="checkbox"/> Friday Night(Stay over night)	<input type="checkbox"/> Saturday Night(Stay over night)
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Saturday Arts and Crafts:

<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
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Sunday Arts and Crafts:

<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	
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Arena

<input type="checkbox"/> Saturday Morning <input type="checkbox"/> Saturday Afternoon <input type="checkbox"/> Arena Help Saturday Morning -Auditors* <input type="checkbox"/> Help Saturday Afternoon-Auditors*	<input type="checkbox"/> Sunday Morning <input type="checkbox"/> Sunday Afternoon <input type="checkbox"/> Sunday Morning-Auditors* <input type="checkbox"/> Sunday Afternoon-Auditors*	<input type="checkbox"/> Schedule me in my child's arena Child's name-
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*Volunteers Helping with Auditors will be placed by arenas where their child is riding or auditing

Supervise Activities

<input type="checkbox"/> Friday Night	<input type="checkbox"/> Saturday Night	
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Schedule me wherever you need me

Thank You!

Horse Camp Food volunteer

Name _____

Phone number: _____ e-mail address: _____

This year we plan to do all the shopping with the exception of a few home-made items that will make the camp menu even better. Please let me know if you can help make this happen by volunteering to make some of the following items:

Soup: Saturday lunch: Please bring one crock of soup by 11:00 to the 4-H food stand- We will be featuring toasted cheese and tomato soup and can use some additional varieties. Please indicate if you can make a crock of soup and what kind it would be.

What Kind? _____

Muffins: Saturday lunch: Please bring one or two dozen muffins to the camp by 11:00 Saturday afternoon. These will be put out with Saturday lunch. Please indicate how many muffins you can supply and the type of muffin.

Salads: Saturday dinner: Please bring a bowl of your favorite salad-Potato, Cole slaw etc. Bring to the 4-H food stand by 4:00 P.M. Indicate what type of salad you can bring.

Sheet Cakes: Sunday Lunch: Please bring a one layer cake, any size or flavor to the 4-H Stand by 11:00 Sunday morning. This will be the special treat for the last day.

What Kind? _____

Please return this with your camp packet. Thank you for making this a great camp. If we have too many duplicates I will contact you, otherwise I will see you there.

Thank You,

Nancy Kopach- Camp Director

Stall Card



Horse or Pony Name:	Age:
Breed:	Color:
Camper Name:	

Horse Information

Temperature:	Pulse:	Respiration:
Veterinarian:	Phone numbers:	
Farrier:	Phone number:	
Horse owner name:	Phone number:	
Chaperone: Adult responsible for camper: Adult responsible for horse:	Phone number: Phone number:	
List any stable vices horse has:		

