

4-H is a **community** of **young people**  
 **across America** who are learning  
**leadership, citizenship** and  
**life skills.**

# 4-H HORSE DAY CAMP SATURDAY, MAY 24, 2014 FERRY COUNTY FAIRGROUNDS

Camp Starts 9:00 AM, Lunch 12-1, Camp Ends 4:00 PM

**BRING YOUR OWN LUNCH**

WASHINGTON STATE UNIVERSITY  
 FERRY COUNTY EXTENSION



Extension programs and employment are available to all without discrimination. Evidence of noncompliance may be reported through your local Extension office. Persons with disabilities who require alternative means for communication or program information or reasonable accommodation need to contact WSU Ferry County Extension at 350 E. Delaware Ave. #9 Republic, WA 99166 (509) 775-5225 x1116, [jordant@wsu.edu](mailto:jordant@wsu.edu) at least two weeks prior to the event.

TRAIL  
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ROPING  
——

ROPE HALTER  
MAKING\* BRING  
YOUR OWN ROPE\*

SHOWMANSHIP  
——

Please contact Carolyn  
Harman 509-429-4922 or  
[charman309@hotmail.com](mailto:charman309@hotmail.com)  
for more information on the  
rope halter making class

WSU Ferry County Extension

509-775-5225 x 1116

PNW 4-H Horse Contest Guide (*revised October 2012*) rules, regulations and guidelines will be followed. No fee to attend. **Return registration before Thursday, May 22** to WSU Ferry County Extension 350 E. Delaware Ave. #9 Republic, WA 99166. <http://county.wsu.edu/ferry/youth/Pages/default.aspx>

NAME: \_\_\_\_\_ 4-H CLUB: \_\_\_\_\_

PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PLEASE CIRCLE: JR INT SR Horseless Parent/Leader

**4-H Behavior Agreement**

As a Ferry County 4-H Horse Day Camp participant, my guardian and I both understand and agree to the following Code of Conduct:

- I will participate in all scheduled workshops during 4-H Horse Day Camp.
- I will demonstrate respect and courtesy to adults, workshop leaders, invited educational speakers and my fellow campers at all times.
- I will be considerate about noise, other's personal property, and the well-being of my fellow campers.
- I will not use foul or inappropriate language.
- I will not tamper with or damage any facilities or equipment. I understand that I and my parent/guardian could be held liable for any damages.
- I understand possession or use of alcohol, drugs, tobacco or any controlled substance (other than doctor prescribed medication(s) listed on current medical information form) is strictly prohibited.

I and my parent/guardian understand that if I violate any of the above guidelines, I will be sent home immediately, at their expense.

\_\_\_\_\_  
*4-H Participant Signature*

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

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

**Informed Consent**

As parent/legal guardian of (or yourself, if you're an adult at camp) \_\_\_\_\_

I hereby give consent for the above named Ferry County 4-H member to participate in the Ferry County 4-H Horse Day Camp.

I also hereby waive and forever discharge claims for damages which the above listed individual, their heirs, executors & administrators may have or accrue against WSU Ferry County Extension their representatives, agents and accompanying 4-H program leaders, arising from any injuries, physical, emotional or mental, including death, suffered in connection with this 4-H sponsored activity.

In case of an emergency, I understand every reasonable effort will be made to contact me/my family member. In the event that I/they cannot be reached, I hereby give permission to the physician selected by camp coordinators to hospitalize my child/myself and secure proper treatment, including surgery, for my child/myself.

I also authorize my child's/myself's participation in camp evaluation and the use of photos and videos, which may include my child/myself, for use in local, regional, state and national 4-H publicity pieces.

I have read, understand and agree to the above statements and do sign this agreement of my own free will.

\_\_\_\_\_  
*Parent/Legal Guardian or Self Signature*

\_\_\_\_\_  
*Contact in Case of Emergency*

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

**Participant's Current Medical**

Does the Participant have any physical problems, complaints or chronic illness at this time? Yes/ No  
If Yes, What? \_\_\_\_\_

Are you currently under the care of a physician or practitioner of any sort? Yes/ No  
If Yes, Why? \_\_\_\_\_

Are you currently taking medicine of any type? Yes/ No  
If Yes, What and What Dosage? \_\_\_\_\_

Are you on a special diet? Yes/No  
If Yes, What? \_\_\_\_\_

Do you have or ever have had:  
Seizures? Yes/No If Yes, Explain: \_\_\_\_\_  
Diabetes? Yes/No Taking Insulin? \_\_\_\_\_  
What Kind? \_\_\_\_\_ Dosage? \_\_\_\_\_  
Asthma? Yes/No Do you take medication? Yes/No  
What Kind? \_\_\_\_\_ Dosage? \_\_\_\_\_

LIST ALL KNOWN ALLERGIES (Including Foods)  
Reactions, medications, dosages or any other medical information not asked for above: \_\_\_\_\_

Name of Physician: \_\_\_\_\_  
Phone: \_\_\_\_\_ Insurer: \_\_\_\_\_  
Policy No: \_\_\_\_\_

\_\_\_\_\_  
*Parent/Legal Guardian Signature*

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