

Come Learn & Have Fun!

Trail Ride

Games

Crafts

STEM

Fitting and Showing & More!

For All Levels of Horsemanship!

If participating in the Optional Family Camp Thursday night, remember to reserve camping space!

Camp Space Reservations can be made by contacting Ferry County Fairgrounds Manager at (509) 775-3146.



PNW 4-H Horse Contest Guide Can be Found at:
<https://pubs.wsu.edu/ItemDetail.aspx?ProductID=15014>
or Contact Your Local Extension Office.

Make checks payable to
Ferry County 4-H Leaders' Council

Please send registrations and payment to
WSU Ferry County Extension

350 E. Delaware Avenue, #9 Phone: 509-775-5225 x1116
Republic, WA 99166 E-mail: justilynn.vanwyk@wsu.edu

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 should contact WSU Ferry County Extension at 350 E. Delaware Ave. #9 Republic, WA 99166, (509) 775-5225 x1116, or tammy.folks@wsu.edu at least two weeks prior to the event



4-H Horse Camp August 8 & 9, 2019 Ferry County Fairgrounds



Day Camp Starts 9:00 AM

Lunch 12:30-1:00 PM

Day Camp Ends 5:30 PM Thursday and 3:00 PM Friday

Optional Overnight Family Camp Begins at 6:30 PM Thursday

OPEN TO ALL ENROLLED 4-H MEMBERS

\$15 Registration Fee for Each Participant

For more information contact:

Lia Carlile

(509) 779-0112

OR

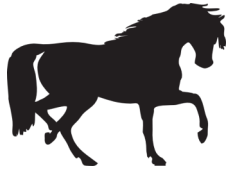
Justilynn Van Wyk at WSU Ferry County Extension

(509) 775-5225 x1115

OR

Linda McLean at WSU Colville Reservation Extension

(509) 634-2305



4-H Horse Camp



August 8 & 9, 2019



Thursday, August 8

9:00-9:15 AM: Welcome, Rules, Schedule

9:15-12:00 PM: Mounted Activities

12:30-1:00 PM: Lunch Break (Horseless Join for Lunch!)

1:00-5:30 PM: Horseless Horse Activities

- ⇒ Roping Clinic
- ⇒ Leather Crafts
- ⇒ Camp T-Shirts

5:30 PM: DAY CAMP ENDS

Friday, August 9

9:00-9:15 AM: Welcome, Schedule Ice Breaker, Hand out T-Shirts

9:15-12:00 PM: Mounted Activities

12:30-1:00 PM: Lunch Break (Horseless Join for Lunch!)

1:00 PM: Horseless Horse Activities Continued

3:30 PM: DAY CAMP ENDS

4:00 PM: North Ferry 4-H Club will host a 4-H and Open Gaming Show

Separate Registration Required.

Contact Hazel Borders, (509) 775-4736 for entry forms or pick one up from the WSU Ferry County Extension office.

Optional Overnight Family Camp

6:30– Family Potluck at the Cook shack

7:45-8:15 PM: S'mores and Campfire Songs (Jay Carlile)

8:30-10:00 PM: Outdoor Horse Movie and Popcorn (Carlile Family RV)

NOTE: If choosing to stay for the overnight family camp, 4-H members need to be accompanied by a parent/guardian.

Overnight stalls are available and camping can be reserved by contacting the Ferry County Fairgrounds, (509) 775-3146

BOTH DAYS:

Morning Sessions are Mounted and open to Those Enrolled in 4-H Horse Projects. **Horses are NOT provided.**

Must bring your own horse.

Afternoon Sessions are Non-Mounted and open to all. **You are welcome to join us for lunch!**



*Schedule is subject to change without notification.

PNW 4-H Horse Contest Guide (revised October 2015) rules, regulations and guidelines will be followed. Each participant will be charged a \$15.00 registration fee. Return registration and payment by **Thursday, August 1 to the WSU Ferry County Ext. office, 350 E. Delaware Ave., Republic, WA 99166. Some scholarships are available on behalf of the North Ferry 4-H Club. Please contact Hazel Borders at (509) 775-4736 for more information.**

NAME: _____ 4-H CLUB: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PLEASE CIRCLE: JR INT SR Cloverbud Horseless Parent/Leader **T-SHIRT SIZE:** XS S M L XL XXL

4-H Behavior Agreement

As a 4-H Horse Family 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) 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 the Family's expense.

4-H Participant Signature

Parent/Legal Guardian Signature

Informed Consent

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

I hereby give consent for the above named 4-H member to participate in the 4-H Horse Family 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 Colville Reservation 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 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/myself to participate 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 Phone No.

Emergency Contact Signature Phone No.

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, What? _____

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? _____

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