

“2015 2nd Annual Horse Clinic”

July 8th and July 9th 2015 check in at 700 am classes from 800-600 pm

We will limit the clinic this year to 30 riders and unlimited auditors.

With space limited, spaces will be filled based on the date that payment was received.

DEADLINE FOR REGISTRATION JUNE 28th 2015 AT PRE-FAIR

Clinic fees are:

- \$75.00 for any 4-H member using a horse**
- \$50.00 for any sibling 4-H member using a horse**
- Stalls \$30.00- you provide your own bedding and you clean the stall before you leave.**
Stalls are good from Tuesday night until Thursday evening
- Free for auditing (just watching)**

Please make checks payable to “GH 4-H Horse Council” Complete registration information and fees should be submitted to WSU Extension, Grays Harbor

- Deliver in person at 32 Elma McCleary Rd., Elma **or**
- Mail to PO Box 3018, Elma, WA 98541

Things you should know about the clinic:

ARRIVAL: Early Arrival starts on Tuesday, July 7th, from 6:00 pm-8 pm (put horses in stalls)

OR

Check in Wednesday, July 8th, from 7:00 am – 7:30 am.

Classes end at about 6:00 pm each day

DEPARTURE: Thursday, July 9th at 6:00 pm. If a stall is rented, it must be broom clean.

MEDICAL STAFF: There will be a basic first responder on site. Summit Pacific Hospital is located three blocks down the road. The local fire district will be made aware of our event.

CODE OF CONDUCT: Each rider, auditor, and parent is required to read and understand the code of conduct.

CLASSES: Riders will be placed in classes based on their completed form. 4-H Rules, helmets, boots, etc.

LUNCH: will be ordered from Subway. There will be bottled water and some snacks.

VALUABLES: Please leave valuable items like money or jewelry at home. We cannot be responsible for lost or stolen items.

CELL PHONES/ELECTRONICS: You may bring these items however **YOU CANNOT** use them while handling your horse.

CAMPING: Please contact the Grays Harbor Fairgrounds to make these arrangements. 360-482-2651

PLEASE NOTE---The hours of 4-H supervision will be 7am to 6pm each day--all riders must have a designated on-site responsible adult overseeing them during the day and especially at night. Further information can be found in the registration materials.

Questions about the clinic?

Manager of the clinic: Gwen Carrell 360-481-2234

WSU Extension 4-H Youth Development, Program Coordinator: Tracie Hanson, tracie.hanson@wsu.edu

<http://ext100.wsu.edu/graysharbor/4-h/forms/> (360)482-2934 Extension programs 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 accommodations need to contact the person responsible at least two weeks prior to the event.

Grays Harbor 4-H Clinic Registration

Name _____ Contact Phone _____
Mailing Address _____ City _____ Zip _____
Street Address _____ City _____ Zip _____
Birthday ____/____/____ Age ____ Grade Completed _____ Male ___ Female ___
4-H Club _____

Primary Parent or Guardian: Please enter information for who the rider is presently living with:

Name _____ Relationship to the rider _____
Home Phone _____ Work _____ Cell _____
E-mail address _____

Additional Parent/Guardian: (if custodial care is shared):

Name _____ Relationship to the rider _____
Home Phone _____ Work _____ Cell _____
E-mail address _____

Emergency Contact: List other local persons available during the event who have agreed to care for and are authorized to provide transportation for your child if they become ill, injured, or need to be sent home and you cannot be reached. The people below will be called in the order listed.

Name _____ Relationship _____ Day # _____ Alt. # _____
Name _____ Relationship _____ Day # _____ Alt. # _____

PARENT/GUARDIAN AUTHORIZATION: The parent/guardian signature below serves to acknowledge that all statements above are understood and all authorizations as described are approved for the rider indicated on this form.

Print Name _____ **Signature** _____ **Date** _____

Class Schedule and Selection

Please check the classes for the appropriate hour and your lunch type.

Name of rider: _____ Name of Horse: _____ Clinic Y N

Please answer the following questions honestly. It is better to under state your experience then over state it.

ENGLISH Rider Beginner _____ Experienced _____

Horse Beginner _____ Experienced _____

I have some extra saddles they may or may not fit your horse. Do you need one _____

WESTERN Rider Beginner _____ Experienced _____

Horse Beginner _____ Experienced _____

Trail Rider Beginner _____ Experienced _____

Horse Beginner _____ Experienced _____

Gaming Rider Beginner _____ Experienced _____

Horse Beginner _____ Experienced _____

Groundwork Rider Beginner _____ Experienced _____

Horse Beginner _____ Experienced _____

Dressage Rider Beginner _____ Experienced _____

Horse Beginner _____ Experienced _____

Showmanship Handler Beginner _____ Experienced _____

Horse Beginner _____ Experienced _____

Subway kids meal with apple slices and white milk-PICK ONE

Ham _____ Roast Beef _____ Turkey _____ Veggie _____

Type of bread: _____ Food allergies _____

Toppings: _____

Class Schedule and Selection

Please check the classes for the appropriate hour and your lunch type.
THESE ARE NOT GUARANTEED CLASSES. Schedule is subject to change

Name of rider: _____ Name of Horse: _____ Clinic Y N

8:00-9:15 select one

Trail _____ Gaming _____

English Beg _____

9:30-10:45 select one

Trail _____ Gaming _____

English Beg _____

11:00-12:15 select one

Trail _____ Gaming _____

English Exp _____

1215-1255 Lunch-

1:00-3:00

DRESSAGE CLINIC July 8th OR SHOWMANSHIP CLINIC July 9th

3:00-4:15 select one

Western Beg _____ Western Exp _____

Ground Work _____

4:30-5:45 select one

Western Beg _____ Western Exp _____

Ground Work _____