“2017 4th Annual 4-H Members Horse Clinic”

July 12th 2017 check in at 700 am
Performance from 800am -100 pm
Lunch 100 - 200
Gaming from 1200pm - 630 pm

We will limit the clinic this year to 30 riders per discipline and unlimited auditors.
With space limited, spaces will be filled based on the date that payment was received.

DEADLINE FOR REGISTRATION JULY 3RD

Clinic fees are:

4-H Members only

- **$40.00 for any 4-H member using a horse 1 Discipline**
- **$30.00 for any sibling 4-H member using a horse 1 Discipline**
- **$70.00 for all day 4-H member using a horse BOTH Disciplines**
- **$60.00 for any sibling 4-H member using a horse BOTH Disciplines**
- **Pens $20.00- you clean the stall before you leave.**
- **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/CHECK-IN: Wednesday July 12th Performance 700 am; check in and warm your horse **OR**
Wednesday, July 12th Gaming, 11:00 am; check in and warm your horse.

MEDICAL STAFF: There will be a basic first responder on site. Summit Pacific Hospital is located 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 4-H code of conduct.

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

LUNCH: will be hamburgers/hotdogs, fruit, chips and water. 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.

PLEASE NOTE---The hours of 4-H supervision will be 7am to 7pm -all riders must have a designated on-site responsible adult overseeing them during the day. 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

Grays Harbor 4-H Clinic Registration

Name_____ Contact Phone_____

Mailing Address _____ City_____ Zip _____

Street Address_____ City_____ Zip_____

Birthday ____/____/____ Age on 10/01/16 ____ 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 session.

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 _____
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 _____
Showmanship	Handler	Beginner _____	Experienced _____
	Horse	Beginner _____	Experienced _____

Food allergies or other Food consideration: _____

_____

_____

Class Schedule and Selection
Please check the classes for the appropriate hour and session.
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)

Western Adv _____ English Beg _____

9:30-10:45 (select one)

Western Beg _____ English Adv _____

11:00-11:45 (select one)

Trail _____

*****The trail course will be open all day******

12:00-1:00

SHOWMANSHIP

1:00-1:45

Lunch & Arena Drag

2:00-6:30 (select one)

Gaming _____

*****The trail course will be open all day******