KLICKITAT COUNTY 4-H
SPRING BREAK HORSE CLINIC

KLICKITAT COUNTY FAIRGROUNDS
Goldendale, WA
APRIL 1-2, 2019
Clinician Gail Farris/Jackie Miller

Cost: $30 per day, $50 for full clinic; $40 per member for families registering 3 or more for all three days. Make checks payable to Klickitat County 4-H Leaders' Council.

- **Call Pat Shamek at 541-993-9560 to R.S.V.P; then complete forms & bring to clinic.**
- **The clinic starts with a daily orientation/check-in meeting at 8:00 am on Monday and 8:00 am on Tuesday morning.**
- **Registration cost includes lunch for clinic participants only. All other attendees can purchase lunch for $5 at the event.**

Clinic focus will be on Showman Classes, Educational Components, Western and English Horsemanship, Western Dressage, and Drill

- **Open to 4-H horse members at least 8 years old as of Oct. 1, 2018.**
- **An adult must be present & responsible for each child at the clinic.**

Class Offerings
Monday, April 1 and Tuesday, April 2, 2019 **8:00 AM-5:30 PM**
8:00 AM CHECK-IN and ORIENTATION Showmanship, English Equitation, Western Equitation, Drill, and an Educational Class
Class times are subject to change based on clinician's recommendation.

WSU Extension programs, employment, and volunteer service are available to all without discrimination. Concerns regarding potential discrimination may be reported through your local Extension office or directly to the WSU Office for Equal Opportunity, web: oeo.wsu.edu, email: oeo@wsu.edu, phone: 509-335-8288. Persons with disabilities who require alternative means for communication or program information or reasonable accommodation should contact Abby Brandt at 509-773-5817 ext. 7 or abbyb@klickitatcounty.org at least two weeks prior to the event.

***This Page is due back to the Klickitat County 4-H Leaders' Council: PO Box 1217 Goldendale, WA 98620.**

****Additional Forms Required can be found online at extension.wsu.edu/klickitat/4h/ or at the Klickitat County WSU Office. Call 509-773-5817 ext. 7 for assistance.**

Registration Form

Youth Name _____ CIRCLE ONE Junior 8-10 Intermediate 11-14 Senior 15-18

Age _____ Grade _____ 4-H Club: _____

Address _____ City _____ State _____

Phone _____ Email _____

County of 4-H Participation _____ Extension Office Contact Information _____

Please check one regarding YOUR experience level with horses:
Novice___ Some experience___ Intermediate___ Advanced intermediate___ Advanced___

Please check one regarding the experience level of YOUR HORSE:
Novice___ Some experience___ Intermediate___ Advanced intermediate___ Advanced___

Age of horse:

I will attend:		
Full Clinic - $50		$
One day - $30 per day	Monday ☐ Tuesday only ☐ ☐	$
Family rate	3 or more family members at $40 per family member Number of family members? x $40	$
	Total enclosed	$

I will be using my 4-H Record Book scholarship from October 2018 Achievement Day _____

Photo, Image, and Voice Recordings Consent

I understand that, unless noted below, photos, video, or audio recordings made of me or my enrolled child/ward at 4-H events may be used by WSU Extension and Washington State 4-H, without compensation, to promote the 4-H Youth Development Program. I understand that my name may be revealed in descriptive text or commentary.

- ☐ We Agree
- ☐ No, we do not agree to the use of digital images or voice recordings as set forth above.

_____
Parent/Guardian Signature Date

Make checks payable to **Klickitat County 4-H Leader's Council**
Mail forms to **Klickitat County 4-H Leader's Council, P.O. Box 1217, Goldendale, WA 98620**

****This registration form, the code of conduct form and the parent consent/horse member health form must be turned in one-half hour before you can participate and ride at the clinic.**

Scholarships may be available for Klickitat County 4-H members. Contact the Klickitat County Extension office at 509-773-5817 for details.

KLICKITAT COUNTY
2019 Spring Break 4-H Horse Clinic
4-H YOUTH CODE OF CONDUCT

The code of conduct shall be signed by each youth member and parent/guardian with the current year enrollment. A 4-H youth is not eligible to participate in the 4-H event or activity without this agreement.

As a 4-H youth participant/member you have the responsibility of representing all 4-H members to the public. Therefore, you are expected to conduct yourself in a manner that respects individual rights, safety and property of others, and reflects favorably on your state, county and club, as well as yourself. You are expected to observe the following guidelines as a participant/member of 4-H. Please place your initials next to each item to indicate that you have read and understand each item.

- The possession and use of alcoholic beverages, marijuana, and/or drugs other than prescribed medication is prohibited. Use of tobacco products by youth members is prohibited.
- Members and leaders must demonstrate respect for each other and the public
- Members are to refrain from public displays of affection or sexual activities at all 4-H functions
- Provide an environment that is free of any form of harassment toward other 4-H participant/members, volunteers, or staff.
- Damage to, or destruction of property belonging to others is prohibited.
- Animal abuse of any kind is prohibited.
- Display of unsportsmanlike conduct is prohibited.
- Be an example of how to accept what life has to offer-good and bad-and how to live with the outcome of exhibiting your project,
- Wear neat, clean and appropriate attire; including shoes, boots or appropriate footwear at all times and helmets while working with a horse.
- Report any infractions to the superintendent/club leader/event coordinator.
- Attend all sessions in the planned program. Inform your chaperone or 4-H leader if you are not feeling well and cannot participate.
- Be courteous and use good manners at all times. Do not be disruptive during presentations.
- Language must be controlled and appropriate. Swearing is not considered appropriate.
- Participants are expected to remain in the assigned program area. They may leave only with permission from the adult in charge.
- All throwaway materials must be picked up and put in proper containers (garbage or recycle).
- Faculty/staff or leader/chaperone will determine immediate disciplinary action; long term disciplinary action will be determined by faculty/staff.

Penalties for infractions may include any or all of the following:

- Assessing the member the cost of damages and repairs in the event of damage or destruction of property
- Notification of parents and being sent home
- Notification of the 4-H member's county extension agent for consideration of further sanction
- Placing the member on probation for involvement in further 4-H events and/or termination of 4-H membership.
- Releasing the 4-H member to the nearest law enforcement agency and/or proper authorities

For youth & parent/guardians: We understand this agreement is to ensure the safety of the 4-H youth member and ensure conduct and behavior that will result in each participant receiving the full benefit of enjoyment and educational experience from this 4-H affiliation/event. It is not intended to place undue restrictions upon participants.

For youth members: I have read the code of conduct and agree to abide by its rules. I understand that infractions of this code will result in any or all of the penalties listed above.

For parents/guardians: I have read the code of conduct and understand that I am responsible for my child or ward's behavior. I give permission to the staff in charge to administer the code.
I understand that the WSU Extension County 4-H program may have policies that are more restrictive than the state policies, but not less restrictive. In the event that the County 4-H program has additional agreements required for enrollment, a hard copy form will be provided for signature.

I,_____, have read the Code of Conduct.
(Name of 4-H member – please print)

I agree to abide by its rules and understand that infractions of this code will result in any or all of the penalties listed above.

_____ _____
(4-H member's signature) Date

I,_____, have read the Code of Conduct.
(Name of parent/guardian – please print)

I understand that I am responsible for my child or ward's behavior. I give permission to the staff in charge to administer the code. I understand that if my child or ward is sent home, it will be at my own expense, and that registration or other fees will not be returned.

I acknowledge that Martha Parson is the Camp Director.

_____ _____ _____ _____
Parent/guardian's signature Date work phone home phone

Revised February, 2019

Klickitat County
4-H Horse Member Health Form

1. Do you have a physical condition or chronic illness that 4-H leaders or event coordinators should be aware of? *(i.e. asthma, allergies, diabetes, etc.)
   _____ YES _____ NO
   If yes, please describe:

   _____

   _____

   Treatments or medications (type & dosage)?

   _____

   _____

   Date of last Tetanus immunization: _____

2. Are there any limitations or restrictions on your activities?

   _____

   _____

3. Physician's Name:_____

   Phone:_____

   Insurance
   Company:_____
   Policy Number:_____

* Inform event coordinator of any temporary/new health conditions not listed on this form.

Horse Emergency Treatment Authorization

It is the responsibility of the owner to have an emergency care plan for their horse. If I (owner) am not present at event I direct Klickitat County 4-H Horse Leaders to take the following action in the event of an emergency requiring veterinary care:
I have checked my treatment option(s) below:

1. _____Take no action other than contacting me. I accept the consequences of delayed action if I can not be reached.
2. _____Contact my regular veterinarian, Dr. _____, phone _____. He/She has my permission to perform treatment, which is necessary in his/her professional opinion. All veterinarian expenses are at owner's expense.
3. _____Contact local veterinarian, Dr. _____, phone _____ or Dr. _____, phone _____ if I or my regular veterinarian can not be reached. All veterinarian expenses are at owner's expense.

_____
Owner Signature Phone Date

Event staff will make every effort to notify owner prior to treatment of horse.

Klickitat County 4-H Member
Consent & Release Form

Complete this form and return to event coordinator.

_____
Last Name First Name Middle Initial

_____
Address City, State Zip

_____
Home Phone Work Phone

_____
Person(s) to contact in case of emergency Phone

_____
Additional person(s) to contact in case of emergency Phone

Male_____ Female_____

4-H events, coordinated by certified 4-H volunteers, are sponsored by Washington State University. I understand there is a risk of injury or loss to myself, horse, or equipment including, but not limited to, falls, collisions, animal bites or kicks, exhaustion, bee stings, effects of the weather, or vehicle accidents. I also hereby waive and forever discharge claims for damages which the above listed individuals, their heirs, executors and administrators may have or accrue against Washington State University Extension, their representatives, agents, volunteers and Klickitat County Fair Board arising from any injuries, physical or mental, suffered in connection with 4-H sponsored activities.

In case of emergency, I understand every effort will be made to contact the people listed above. I hereby give permission to the physician on duty at the nearest medical facility to secure proper treatment for myself including hospitalization or surgery.

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

_____
Parent/Guardian's Signature Date

_____
Participant's Name

Revised March 2012

WASHINGTON STATE UNIVERSITY
KLICKITAT COUNTY EXTENSION

KLICKITAT COUNTY
2019 4-H SPRING HORSE CAMP
RESPONSIBLE ADULT EXPECTATIONS

As the responsible adult for the youth listed below for the 2019 4-H Spring Horse Camp, I understand I have the responsibility of enforcing the youth code of conduct for my charges and commit to following this Code of Conduct myself. I will place my initials next to each item to indicate that I have read, understand and will comply with these expectations.

_____ •I will attend Spring Horse Camp orientation at 8:00 AM Monday and Tuesday.

_____ •I will have the youth in my charge at their lessons on time.

_____ •I have read the Youth Code of Conduct expectations.

_____ •I will inform the Camp Director if youth in my charge are not feeling well.

_____ •I will demonstrate respect and courtesy to adults and other participants at all times and act as a positive role model.

_____ •I will not possess or use alcohol, drugs (other than prescribed medicine) nor tobacco in any form at camp.

_____ •I will have my youth charges in our sleeping location by 10:00pm and quiet at 10:30pm. I will see that they stay with me all night.

_____ •I will use appropriate language at all times and will not swear.

_____ •I am responsible for replacing or fixing anything damaged by the misconduct of the youth in my charge or by my misconduct.

_____ •I will place all trash I see in garbage cans.

_____ •I know the Camp Director for 2019 is Martha Parsons.

****Note-** All youth must have a signed Responsible Adult Expectation form which must be turned in before Spring Horse Camp. **If the designated responsible adult is not the child's parent/guardian, the adult must be screened through the local Extension office. Contact Abby Brandt at 509-773-5817 ext. 7 for specific details.**

Dated:_____

Signed:_____ Cell phone _____
(On-site Responsible Adult signature)

I am responsible for oversight of:

_____ _____

_____ _____

_____ _____

Revised May, 2013