Virginia 4-H Hokie Horse Camp

July 8-12, 2017

VIRGINIA TECH
BLACKSBURG, VIRGINIA

CONTACT: LEONA RANSDELL
LEONAR@VT.EDU OR 540-231-6345
GENERAL INFORMATION AND RULES

Please read this information thoroughly before applying for the Virginia 4-H Hokie Horse Camp

**Purpose** – To provide the 4-H Horse Project member an opportunity to learn new and better techniques of horsemanship and to enjoy the fellowship of other 4-Hers and volunteers from different areas of the state. The camp is designed to increase the horse knowledge, horsemanship skills and showing techniques of the advanced rider as well as to introduce beginner riders to the basics of horsemanship. This camp will also serve as a qualifying clinic and horsemanship skills testing for those youth attending the 2017 Virginia State 4-H Horse Show.

**Dates** – Saturday, July 8 through Wednesday, July 12

**Location** Alphin Stuart Livestock Arena, Blacksburg - Horse Stabling; Riding/horsemanship activities

Virginia Tech On-Campus Housing - 4-Her overnight accommodations; recreation

**Cost** – Total camp fee is $625. Camp fees include all meals (including dinner on Saturday night through lunch on Wednesday), lodging, one stall for horse or pony, recreation, riding instruction and classroom instruction. A $325 deposit is due with application no later than **May 15, 2017**. Make checks payable to VTF- 4-H Horse. The balance of $300 is due (in cash, cashier’s check or money order) upon arrival at camp on July 8, 2017. **The deposit fee is non-refundable, no matter the circumstance.**

**Camper Eligibility** – Open to 4-Hers, between the ages of 14 to 18 (as of 9/30/17), who are actively enrolled in the Virginia 4-H Horse Project. Active enrollment is based upon the discretion of the 4-H Leader and Extension Agent. First priority will be given to Virginia 4-H members. Camp is limited to **16 participants**. If the camp does not initially fill up, the camp will be opened up to Virginia residents who are not 4-H members for an additional $100 fee. If the camp does not fill by June 1, 2017, it will open up to out of state participants for the additional $100 fee. **Participants must bring their own mount.**

**Registration** – Campers must submit completed application, health history report and **$325 deposit** to Leona Ransdell, 4-H Horse Program Associate at 388 Litton Reaves, Virginia Tech, Blacksburg, VA 24061 no later than **May 15, 2017**. Camper Code of Conduct, Equine Waiver, Camper Medication Form, Equine Coggins and Equine Health Record are due with the remaining cost ($300) at arrival of camp on **July 8, 2017**.

**Health Requirement** – A 4-H Health History Report is included in the packet. It is very important for youth and parents to alert the camp staff in regard to any physical limitations or allergic reactions a youth may have to specific medicine(s), insect stings, food, diabetes, etc. Any special conditions/limitations should be given in writing to the camp director. Your cooperation in this matter is appreciated and is designed to keep your youth safe.

**Horse** – Each youth must bring their own mount and submit the required health records/forms for his/her horse or pony. Horse/pony must have a current negative Coggins test (within 12 months – drawn since July 12, 2016) and bring it to camp for camp record keeping. Youth are encouraged to provide minor horse first-aid supplies. **Horses and ponies must be sound and in good physical condition.** Horses exhibiting unsoundness or behavioral problems will be sent home (at check in time or later in the week).
Although shoes are not required, it is recommended that horses be shod at least on their front feet. **If not shod, hooves should be properly trimmed.** A farrier and veterinarian will be available for emergency situations at the owner’s expense. Every effort will be made to contact the parent/guardian should the animal require medical attention. Each youth will be responsible for all care of his/her mount. This includes, but is not limited to, feeding, watering, grooming, cooling out and removing manure and urine from the stall in a regular and timely fashion. All participants will be required to strip their stalls at the end of camp.

**Insurance** – Horse equipment and horses are not insured by the Virginia 4-H Horse Program, Virginia Tech or Virginia Cooperative Extension. Any loss or damage to equipment or injury to horse or rider is at the owner’s risk and expense. All campers should have primary insurance for illness and accidents.

**Arrival Procedures** – Campers will be accepted at camp between 11:00 am and 1:00 pm on Saturday, July 8, 2017. **It will not be possible for the staff to check campers in before 11:00 am.** Upon arrival, horses will be checked for soundness. Unsound horses deemed unsafe to their riders and unruly horses will not be allowed to remain at camp.

When you arrive at camp, go to the arena office and check in with the Horsemanship Camp Office. Present a negative Coggins test, an equine health record indicating required vaccinations (Rabies, EEE/WEE, Tetanus, West Nile and Flu/Rhino are all required for horses attending camp. Strangles is not a required vaccine, but highly recommended) and their administered date, camper medication form, equine waiver and code of conduct and the remaining balance of $300 in cash, cashier’s check or money order. No horse may be unloaded until all paperwork has been checked. No parents may leave until horses have been checked for soundness and all medical forms are on file with camp staff. There will be no exception for not having all the proper paperwork on the camper and their horse. Any camper or horse that does not have all the proper paperwork will be sent home with no refund. Trailers may be unhooked and left in the trailer parking area. It is requested that all unloading be done as efficiently as possible to help relieve congestion in the barn area.

Youths may store their equipment, grain and hay in their trailer or in their assigned tack stall. All bedding will be provided. Tack stalls will be shared by four people so please pack accordingly. Any extra supplies may be stored in trailers that are parked at the facility.

**Departure Procedures** – Parents are requested to arrive for pick-up of youth and horses on Wednesday, July 12 at 10:00 am to watch the final riding sessions and horsemanship skills testing. Packing of tack and supplies may begin after these sessions. A special recognition, fun camp awards and lunch will be provided at 1:00 pm. **No youth will be allowed to leave until their stable area passes inspection.** 4-Hers will not be released prior to 2:00 pm.

**Activities** – the horsemanship activities may include the following hands-on demonstrations and clinics:

- Equine Opportunities
- Stable Management
- Dressage/Western Dressage
- General Handling
- Showmanship
- Grooming
- Reproduction
- Show Ring Preparation
- Public Speaking
- Training Techniques
- Veterinary Care
- Judging
- Equipment Care
- Safety
- Parasite Control
- Restraining Methods
- First Aid
- Nutrition
**Recreation** – evening recreational options may include:

- Movie Night
- Ag Olympics
- Trivia Games
- Swimming

**Behavior Policy** – Safety will be emphasized at all times. Campers are required to read and sign the Code of Conduct. To insure a safe atmosphere, campers must strictly adhere to camp personnel and their policies. Failure to adhere to these rules will result in the camper being sent home at the parent’s expense.

**The following misconduct WILL result in a camper being sent home:**

- Deliberate cruelty to animals
- Deliberate destruction of facilities or equipment
- Possession of alcoholic beverages, tobacco or illegal drugs
- Blatant discourtesy to camp personnel
- Disregard of camp personnel requests to obey rules and regulations
- Disrespectful or dangerous behavior toward other campers
- Unacceptable or dangerous conduct
- Possession or use of fireworks
- Use of inappropriate language

**Clean Up Duties** – Clean up duties each day only take a few minutes, but they can be fun when everyone works together as a team. It is important from the standpoint of health and enjoyment that the stable area and dorm rooms be kept as clean and sanitary as possible. Each camper will keep themselves, their room and other camp facilities, and their horse’s stall and stable areas clean at all times.

**The Following Items are not allowed at camp:**

- Tobacco
- Alcohol
- TV’s and/or electronic games
- Illegal drugs
- Knives, guns, or other weapons
- Fireworks

**Family/Guest Visitation**– No parent, guardian, family member or guest should visit the campers during camp unless pre-approved by the camp director. We understand that this may be difficult, but for the camper to truly get the camp experience parents and/or family members will not be allowed to visit during camp. Please be sure all the supplies that the camper needs during camp are delivered and stored before you leave on July 8. We ask that you do not bring supplies during the week. If you are concerned about you child or just want to check in with camp staff, please feel free to call Leona Ransdell at 803-944-7003.

**Virginia 4-H Hokie Horse Camp Camp Policy on Headgear Safety Equipment**– The Virginia 4-H Horse Program (4-H Program) requires that all riders wear protective headgear that meets or surpasses current applicable ASTM/SEI (American Society for Testing and Materials/Safety Equipment Institute) standards while riding during all camp activities. The headgear must be properly fitted, properly worn on the top of the head, and worn with the strap or harness securely fastened. The term “riding” as used in this policy refers to the mounting, riding or driving of a horse or pony at 4-H Horse Camp. The term “rider” refers to a person engaged in riding. It is the responsibility of the rider, and the parent or guardian of the rider, to confirm that the headgear worn by the rider complies with the safety standards set forth above; is properly fitted and fastened; and is in sufficiently good condition that it would protect the rider in the event of an accident.
The 4-H Program and the instructors, extension personnel and volunteers associated with the 4-H Hokie Horse Camp are not responsible for providing headgear and are not responsible for checking headgear worn by riders in order to comply with this rule.

**Any rider found to be riding in violation of this helmet policy by 4-H Horse Program employees or volunteers will be immediately prohibited from further riding, and shall be removed from camp.**

The 4-H Horse Program makes no representation or warranty, expressed or implied, concerning the headgear worn by any rider during the 4-H Hokie Horse Camp. In particular, the 4-H Program makes no representation or warranty concerning the safety performance of any headgear worn by any rider. The 4-H Program cautions riders and their parents and legal guardians that death or serious injury may occur despite wearing safety headgear as all equestrian sports involve inherent dangerous risk. No headgear can protect against all possible injuries.
Camper Packing List

Personal Items:
- Soap
- Shampoo/Conditioner
- Comb/Brush/Hair ties
- Sunscreen
- Insect Repellent
- Personal Toiletries
- Clothing (as designated below)

Riding & Stable Area Apparel – Show clothes will not be required, but all campers will be expected to ride in neat, workmanlike riding apparel such as jeans, jodhpurs, breeches, chaps, etc. Overly worn clothing with holes is not appropriate attire. Shorts, wide leg pants, halter tops, strappy tank tops and other unsuitable clothes will NOT be acceptable. Tank tops should have a minimum of a 1” strap. Campers wearing revealing clothing will be asked to change. All riding is to be done in suitable leather boots or sturdy shoes that have a heel and a smooth sole. Hard soled leather shoes or boots will be required in the stable area and while riding at all times. Loafers, tennis shoes, slip on duck boots, etc. will not be acceptable.

General Apparel – Shorts, jeans, t-shirts, polos, blouses, tennis shoes, etc. are acceptable away from the barn area. Revealing clothes are STILL NOT ACCEPTABLE even during recreational activities at the dormitories.
- Pajamas
- Light Jacket/Sweatshirt
- Ample Underclothes
- Swim Suits/Clothes
- Rain gear
- Hat
- Shower Shoes
- Ample Socks
- Clothes for free time
- Belt

Miscellaneous Supplies
- Dirty clothes bag
- Towels
- Watch
- Bed linens/sleeping bag
- Money for extra supplies
- Small snacks
- Beach towel

Please do not bring expensive jewelry, cameras, radios, coolers, or excessive amounts of money to camp
HORSE/PONY PACKING LIST

Please make sure that all equipment is in good condition and properly fits horse and rider. Clearly mark all items with owner’s name. **Do not forget a negative Coggins!**

**Grooming Aids**

- Rubber Curry Comb
- Stiff Bristle Brush
- Soft Bristle Brush
- Mane Comb
- Hoof Pick
- Fly Spray/Wipes
- Sweat Scraper
- Towels/Clean Rags
- Sponges

**Tack**

- Saddle
- Bridle
- Halter
- Lead Rope(s)
- 1-2 Girths
- 2-3 Saddle Pads

**Equipment and Feed** *(R – indicates REQUIRED item; Buckets should be type intended for use with horses and are NOT to be shared)*.

- 2 five gallon water buckets – R
- 1 feed bucket or feed pan – R
- Double ended snaps, rope/chain, or bucket straps – R
- Manure fork - R
- Feed scoop
- Grain (10 feedings) -R
- Hay – R
- Electrolytes/salt block
- Hay bag

**Do not begin a new feeding program right before camp. For your horse’s sake, have him on a regular feeding program at least two weeks prior to camp. If your horse in unaccustomed to living in a stall, you should begin acclimating him/her to a stall at least two weeks prior to camp.**

Bring enough hay and grain for 5 days (Saturday pm through Wednesday am – twice daily feeding – 10 feedings minimum). Due to the hot weather typical for July, it is very important for the horse to eat hay and drink lots of water in order to maintain gut motility. Extra hay may be stored in one’s horse trailer if desired. It is also recommended that you bring electrolytes/salt block for your horse to encourage hydration. You should acclimate your horse to consuming electrolytes PRIOR to camp. Often, the introduction of electrolytes can make your horse go off feed, so prepare the horse for consumption in advance.
Stable Management Guidelines – The safety and health of the 4-Her and his/her horse will be emphasized. Morning barn inspections are for the purpose of determining whether or not the horse has been properly fed and watered, the stall cleaned, tack serviceably cleaned for the day’s activities, and the general area neat and safe. Afternoon barn inspections are conducted to make sure that horses have been properly cooled out, groomed, watered, and left in a clean stall and that the general area is neat and safe.

Evening barn checks are conducted to make certain that all horses have water, doors are properly closed, halters and leads visibly available for emergencies and that there are no indications of colic, etc. following the day’s activities.

Generally, the following rules will be observed:

- Stalls should be clean and well bedded. Doors must be closed and properly latched.
- Horses must be cooled and brushed out before being left in their stalls.
- Tack should be safe, clean and in good condition.
- Water and grain boxes/buckets should be placed in the front of the stall and for safety reasons, not on the ground.
- Hay nets (open string type) are not allowed, but canvas or nylon closed-type hay bags may be used if hung safely. Hay may be fed on the ground.
- Salt should be kept available for horses at all times since they lose electrolytes during sweating.
- Stall fronts and aisles must be kept free of obstacles. Tack area should be neat with equipment and tools arranged safely.
- Each horse must have a halter and lead line hanging on the stall front at all times.
- 4-Hers must be properly attired at all times when in the barn area and around the horses (long pants and leather, hard soled shoes. Tennis shoes and duck boots are not acceptable).
- Each youth will be held responsible for the care and feeding of his/her horse while attending camp.
- All horses must have a prior history of being tied!

Save time and trouble, set your stall up correctly when you move in! Below is a diagram of the suggested stall set up.

**Buckets** - two water buckets ensure that the horse has plenty of water at all times. Place in the front corner of the stall. Feed buckets should be placed by the door to avoid fighting. Buckets can be hung by chain, snaps or bucket straps.

**Bedding** - stalls should have adequate bedding to absorb wetness and provide cushion. Frequent stall picking keeps bedding cleaner for a longer period of time. **Bedding will be provided. Please do not bring outside bedding**

**Halter and lead rope** - should be hung on outside of the door in case of emergency
TIPS FOR 4-H HORSEMANSHIP CAMP

• If your horse is not ridden regularly, begin a gradual exercise program to condition your mount at least a month prior to camp. If you ride occasionally, begin with riding 30 minutes per day, 4 times per week. Gradually add time until you are riding your horse one hour per day 3-4 times a week. Remember, this is your best friend. Don’t ask him to do something he may not be prepared for!

• Make arrangements for a knowledgeable farrier to evaluate and either trim or shoe your horse at least one week prior to camp. We suggest having horses/ponies shod on front feet unless they are accustomed to rocks and hard footing. A lame horse will not be very useful at camp.

• Plan to have deworming and vaccinations done several weeks prior to camp. The better health your horse is in, the better he will be able to withstand the heat and stress of the week’s activities.

• If your horse does not stay in a stall regularly, acclimate him to a stall gradually by putting him in a stall a few hours at a time and feeding him in the stall until he is comfortable staying in overnight.

• Do NOT make sudden feed changes! If your horse has not been receiving grain or hay daily, you can stress him and his digestive system and cause severe colic by suddenly putting him into an unfamiliar stall and giving him grains when he has been out on pasture with minimal stress.

• If your horse kicks at other horses, bring a red ribbon and tie it in his tail. Please make your instructor aware of any problem you may be having with your horse. Never crowd other horses. Leave enough room between your horse, yourself and others so that no one will be harmed if a horse kicks out.

• Check all tack for fit, wear and tear. String girths, leather cinch straps, cheek pieces, chin straps, and reins tend to wear quickly. Make sure all of your equipment is in good working order. When in doubt replace it with good adjustable equipment.

• Have your horse’s Coggins and health record available at check in.

• Wear hard soled leather shoes at check in. Tennis shoes are not allowed in the stable area at any time.

• Lastly, come with an open mind. No one knows everything! Not everyone does things the same way. What is important is the result which may be achieved through a variety of methods. A good horseman is a person who is receptive to what others are doing and is able to learn from other people’s successes or failures.

If you have any questions/concerns please call or email Leona Ransdell at 540-231-6345 or leonar@vt.edu
TENTATIVE SCHEDULE

Saturday July 8, 2017

11:00am – 1:00pm - Check In (Alphin Stuart Livestock Arena, 500 Plantation Rd. Blacksburg, Va) - Upon Arrival: Turn in camp balance of $300 and all required forms, settle horse into stall.
1:30 pm Orientation for Campers and Parents
3:00 pm Riding Evaluations
Parents dismissed after evaluations
5:00 pm Finish settling into stall, cleaning tack, grooming horse, Q&A
5:30 pm Feed and water horses, clean stalls – Barn Inspection
6:00 pm Depart for Dorms - Upon Arrival: Receive room assignments, place your luggage in rooms, and receive instructions from Group Leader(s), wash up for dinner

Dinner and evening activities

10:30 pm Lights Out

Sunday, July 9 through Tuesday July 11, 2017

7:00 am Breakfast
7:45 am Meet at vans for departure to arena
8:00 am Feed horses, clean and refill water buckets, clean stalls and stable area
8:30 am Overview of Daily Activities
9:00 am Riding Lessons/Practical Instruction
12:00 pm Lunch at the Arena
1:00 pm Educational Activities
4:00 pm Riding Lessons/Practical Instruction
7:00 pm Clean stall and stable area, clean and refill water buckets, feed horses
7:45 pm Depart for Dinner/Dinner at Arena
8:30 pm Evening Activities – Recreation
10:30 pm Lights Out!

Wednesday, July 12, 2017

7:00 am Breakfast
7:45 am Load vans with luggage; Departure for Arena
8:00 am Feed horses, clean and refill water buckets, clean stalls and stable area
8:30 am Camper Meeting; Start packing
10:00 am Final Riding Session and Horsemanship Skills Testing (Parents invited to attend)
1:00 pm Lunch at the Arena – special recognitions
2:00 pm Barn Inspection – Campers dismissed (No camper will be dismissed until their stable area has passed inspection)
Virginia 4-H Hokie Horse Camp Application

Applications are due to be postmarked by May 15, 2017 along with a $325 non-refundable deposit. Make check payable to VTF-4H Horse and return to: Leona Ransdell, 4-H Horse Program Associate, 388 Litton Reaves, Virginia Tech, Blacksburg, VA 24061. The balance of $300 Cash, cashier’s check or money order will be due upon arrival at camp July 8, 2017.

Name ____________________________________________________________________________________________

DOB: ______________________ Age as of 9/30/17: __________________ 4-H County ______________________________

Address __________________________________________________________________________________________

City: __________________________________ State ________ Zip ______________ Phone ______________________

Male ______ Female ______

T-Shirt Size: S    M     L      XL

Parent Name: __________________________________ Phone __________________________

Do you have any food allergies or dietary restrictions/preferences?
_________________________________________________________________________________________________
_________________________________________________________________________________________________

Horse Name: _________________________________ Age: _____________ Breed _____________________________

Please select the one riding group below. Large groups will be divided further at camp. If the group does not have enough participants, it will not be offered. Riders will have the option to switch if a group does not fill or the rider may receive a refund (which will be the only case in which a refund is offered)

☐ Western
☐ Hunt Seat

Please check the highest fence height you currently jump or select under saddle if you do not jump

☐ Under Saddle
☐ X- Rails
☐ 2’
☐ 2’6”
☐ 3’

☐ Speed Events
☐ Dressage
☐ Saddle seat (trotting or non-trotting)
☐ Trail Riding
☐ Ranch Horse

I approve of my child participating in 4-H Horse Camp. I understand that my child has agreed to abide by the rules of camp and if a problem arises, I will make arrangements for him/her and his/her horse to be picked up upon reasonable time following notification. I agree that I will pay for any damages caused by my child to the arena, dorms or other damages caused by my child at camp. Riders will be released by 2:00 pm Wednesday, July 12, 2017. By also signing this, I certify that my child is a bona fide 4-H member in good standing.

_______________________________________________    __________________________
Parent/Guardian Signature        Date
INSTRUCTIONS: Please provide detailed health information for determining appropriate supervision, support, and accommodations for the 4-H activity or event listed. A parent or guardian must sign. If the participant is a person with a disability and desires any assistive devices, services or other accommodations to participate in this activity, please contact your local Extension office during business hours at least 7 days prior to the event to discuss accommodations. PLEASE PRINT ALL INFORMATION. (NOTE: Both sides of this form must be completed.)

NAME OF 4-H EVENT IN WHICH YOU WISH TO PARTICIPATE: _______________________________________________________

DATE(S) OF EVENT: ____________________________  LOCATION: ___________________________________________________

PARTICIPANT IDENTIFICATION

NAME: ______________________________________________________________________________

MAILING ADDRESS: __________________________________________

CITY: _______________________  STATE: _____   ZIP: _____________

AGE: __________  BIRTHDATE: ___________________

RACE: (Optional) WHITE ■ HISPANIC ■ BLACK ■ AMERICAN INDIAN ■ ASIAN ■ MULTICULTURAL ■

PARENT / GUARDIAN IDENTIFICATION (Place a check beside who to reach in the event of an emergency.)

FATHER’S NAME (OR GUARDIAN): _________________________________   FATHER’S EMAIL: ___________________________

FATHER’S PHONE DAYTIME: ______________________  EVENING: ______________________  CELL: _____________________

MOTHER’S NAME (OR GUARDIAN): _______________________________   MOTHER’S EMAIL: ___________________________

MOTHER’S PHONE DAYTIME: _____________________  EVENING: ______________________  CELL: _____________________

WHO HAS PRIMARY CUSTODY OF THE PARTICIPANT? ___________________________________________________________

ADDRESS, IF DIFFERENT THAN CHILD: __________________________________________________________________________

PHYSICIAN / INSURANCE INFORMATION

FAMILY PHYSICIAN NAME: __________________________________________

PHONE: ( ________ ) _________________________

DENTIST / ORTHODONTIST NAME: __________________________________________

PHONE: ( ________ ) _________________________

DO YOU CARRY FAMILY MEDICAL / HOSPITAL INSURANCE?: YES ■  NO ■

(Check one)

CARRIER: ______________________________________________

POLICY ID #: ____________________________________________

EMERGENCY CONTACT INFORMATION (Parts 1 and 2 should be completed)

1. WHERE CAN YOU BE REACHED IN THE EVENT OF AN EMERGENCY?

LOCATION: __________________________________________

PHONE: ( ________ ) _________________________

CELL PHONE: ( ________ ) _________________________

2. IF YOU CANNOT BE REACHED, WHO SHOULD BE NOTIFIED?

NAME: __________________________________________

HOME PHONE: ( ________ ) _________________________

WORK PHONE: ( ________ ) _________________________

CELL PHONE: ( ________ ) _________________________

(continued on back)

□ YES  □ NO

4-H PARTICIPANT MEDIA RELEASE

The Virginia Polytechnic Institute and State University/College of Agriculture and Life Sciences (CALS) periodically uses electronic and traditional media (e.g., photographs, video, audio footage, testimonials) for publicity and educational purposes. By my signature on this form, I acknowledge receipt of this document and give permission to the College of Agriculture and Life Sciences and its designee to use such reproductions for educational and publicity purposes in perpetuity without further consideration from me.

I understand that I will need to notify Virginia Tech/College of Agriculture and Life Sciences if any changes to my situation occur that will impact this media release permission.
PARTICIPANT HEALTH AND MEDICAL HISTORY
(Questions 1-5 must be completed.)

1. SPECIAL DIETARY NEEDS

INSTRUCTIONS: The purpose of this section is to communicate special dietary needs, food allergies, etc. for any child, teen, or adult who will be attending a 4-H event.

In the space below, please list all food allergies and/or other dietary restrictions for the person listed above and any necessary precautions that should be taken:

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

2. Has the participant ever experienced (or had special needs in) any of the following? [Check (✓) all that apply]

☐ Asthma  ☐ Bleeding disorders  ☐ Attention disorders (ADHD)
☐ Eating disorders  ☐ Seizures/Convulsions  ☐ Wears contacts
☐ Diabetes  ☐ Bed Wetting  ☐ Behavior
☐ Fainting spells  ☐ Non-food allergies  ☐ Other: ___________________

Please describe any condition or need that you checked:
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

3. Is the participant experiencing any current health problems, under medical care, receiving mental or behavioral services, or currently taking medication?

☐ YES  ☐ NO  If YES, please explain: __________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

4. Has the participant undergone surgery, or experienced any injury, illness, allergy, or change in health status any time during the last year? Is there any reason that participation in a program or activity should be restricted?

☐ YES  ☐ NO  If YES, please explain: __________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

5. What else should we know about your child?

4-H programs include very rewarding, but sometimes challenging situations. Please inform us of any concerns that may arise related to your child's physical, mental, emotional, and/or social health in order that we may better provide appropriate supervision and support.
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

IMMUNIZATION HISTORY (This must be completed)

Are your child’s immunizations up to date?  ☐ YES  ☐ NO  Date of most recent tetanus shot: (month/year) _____/_____

RELEASE AUTHORIZATION

I give permission to the following individual(s) to pick up my child at the conclusion of this 4-H event:
Name(s): ____________________________________________.

Sign below at time of pick up (Receiving person must be pre-listed above):
Name (print): ____________________________________________ Signature: ___________________________ Date: _______________________
CODE OF CONDUCT FOR VIRGINIA 4-H PROGRAMS/EVENTS*
(This form covers any 4-H program/event from _____________ to ____________)
11. Possession, distribution, or use of alcoholic beverages, illegal drugs, tobacco products, and unauthorized prescription drugs are not allowed at any 4-H sponsored program/event and must be reported to law enforcement. The Virginia 4-H program reserves the right to conduct a search of a participant’s outer clothing, luggage, personal belongings, lodging rooms, and furniture being used by a participant(s) if there is “reasonable suspicion” that the participant has drugs, alcohol, or weapons.

12. Animals and pets are not allowed at 4-H programs/events unless needed to accommodate a disability or as part of an organized program, or through specific authorization from Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Animals that are used as part of a 4-H program/event should always be provided with proper care.

13. Electronic and mechanical devices (ex: cellular phones, pagers, walkie-talkies, video games, radios, CD players, TV’s, laptop computers, etc.) are not allowed at 4-H programs/events unless they are needed as part of an organized 4-H program/event, or with authorization from the Extension Agent, Program Director, or other adult in charge of the 4-H program/event. Without authorization, these items will be confiscated and returned to the participant (or the participants’ parents/guardians) at the end of the program/event.

Consequences
Unacceptable behavior during a 4-H program/event (as defined within this Code of Conduct or through a review process by 4-H staff/volunteer) will result in consequences to the participant. Consequences may include:

1. early release from this 4-H program/event without refund,
2. restitution or repayment of damages,
3. denial of future participation in the 4-H program/event at the local, district, state and national levels for one or more years (as determined by the unit staff in charge of, or responsible for, the 4-H program/event),
4. forfeiture of financial support for a 4-H program/event
5. removal from 4-H offices held (if applicable), and
6. releasing the youth to the appropriate law enforcement agency and/or the proper authorities.

NOTE: Any conduct not specifically covered by this Code of Conduct, but deemed inappropriate by those responsible for the 4-H program/event will be viewed as a violation and appropriate action will be taken. If an infraction occurs, the person in charge of the 4-H program/event will provide appropriate communication to parents/guardians.

Signature(s) (Both signatures are required for participants under 18 years old.)
I have read and understand the above “Code of Conduct” and will abide by the expectations described in the Code-of-Conduct. I understand that if I act inappropriately I will have to accept responsibility for my actions that may result in the consequences listed above.

Participant Signature ___________________________ Date __________

I have discussed and reviewed this Code of Conduct with my child. I understand that failure to abide by this Code of Conduct may result in the consequences listed above which includes no refund. In the event that this code is violated, I agree to come to the 4-H program/event to pick up my child at the request of the adult in charge of the 4-H program/event. I further understand that if I refuse to pick up my child, am unavailable, or fail to make timely arrangements to retrieve my child, 4-H program/event staff may contact law enforcement or social services to provide necessary protection for a child in need of services. I acknowledge responsibility for all fees/charges that may result from said services.

Parent/Guardian’s Signature (for participant under 18 years old) ___________________________ Date __________

(* Approved by 4-H Leadership Council on August 16, 2002)
Virginia Polytechnic Institute and State University

Equine Release, Waiver, and Indemnification Statement

The undersigned participant, and his or her parent or legal guardian if the participant is under the age of 18 years, does/do hereby execute this release, waiver, and indemnification for himself or herself/himself and his or her/their heirs, successors, representatives, and assigns and, thereby, agree(s) and represents as follows:

To release the Virginia Polytechnic Institute and State University and the Commonwealth of Virginia, its members, employees, agent, representatives, subsidiary corporations, and those governmental agencies and other organizations affiliated with this activity from any and all liability, loss, damage, costs, claims, and/or causes of action, including but not limited to all bodily injuries and property damage arising out of participation in the activity, it being specifically understood that said activity includes the handling of equine by the undersigned participant. The undersigned person(s) further agree(s) to indemnify the Virginia Polytechnic Institute and State University and the Commonwealth of Virginia, its employees, members, agents, representatives, and those governmental agencies and other organizations affiliated with this project, and hold them harmless for any liability, loss, damage, cost, claim judgment, or settlement which may be brought or entered against them as a result of the undersigned person’s participation in said activity.

If involved in equine activities pursuant to Section 3.2-6202 amended of the Code of Virginia the undersigned(s) execute(s) this waiver of the undersigned(s) rights to sue and agree(s) to assume all risks resulting from the “intrinsic dangers of equine activities”. “Intrinsic dangers of equine activities” is defined as those dangers or conditions that are an integral part of equine activities, including but not limited to, (i) the propensities of equines to behave in ways that may result in injury, harm, or death to persons on or around them; (ii) the unpredictability of an equine’s reaction to such things as sounds, sudden movement, and unfamiliar objects, persons, or other animals; (iii) certain hazards such as surface and subsurface conditions; (iv) collisions with other animals or objects; and (v) the potential of a participant acting in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or not acting within the participant’s ability.

This waiver shall remain valid unless expressly revoked by the participant or Parent or guardian of a minor. The revocation shall be in writing which shall be delivered to the provider and shall become effective thirty (30) days after delivery to the provider.

In the case of school-, college-, and university-sponsored classes and programs, waivers executed by a participant or parent or guardian of a participant shall apply to all equine activities in which the participant is involved in the next succeeding twelve (12) month period unless earlier expressly revoked in writing. The revocation shall become effective thirty (30) days after it is delivered to the provider.

The undersigned(s) agrees to maintain all medical and health insurance needed to cover all risks of any kind in any place in livestock, equine, and/or other activities.

I, the undersigned participant, will wear and use, in accordance with established Cooperative Extension policy and procedure, all safety equipment and to ensure equipment is in good condition at all times.

_________________________________________      ____________________________________________
Printed Name of Participant Printed Name of Parent or Guardian

__________________________________________      _______________________________________________
Signature of Participant Signature of Parent or Guardian if participant is under age 18 yrs

Date

Personal Statement for Adult Non-Helmet Use

I, _________________________________, understand that Virginia Tech and the Commonwealth of Virginia highly recommended for safety reasons that I wear an ASTM certified riding helmet while engaged in equine activities. I have freely chosen not to wear this recommended safety equipment, to include an ASTM certified riding helmet, while I am engaged in equine activities and elect to accept full responsibility for any injuries that might arise as a result of failure to use or wear recommended safety equipment.

Signature ________________________________________________________________
4-H Event Medication Form

INSTRUCTIONS: Please complete this form for all medication(s) your child will be taking as needed, including over-the-counter medications for headaches or cold, inhalers, etc.

NOTE: This form must accompany your child to the 4-H event only if he/she is taking any medication. Please read the following information related to the “Medication Policy.” Your signature below indicates that all information provided on this form is correct and you understand the 4-H center medication policy.

<table>
<thead>
<tr>
<th>Medication Policy</th>
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<tbody>
<tr>
<td>✓ Youth under 18 years old <strong>will not be allowed</strong> to keep ANY medicines with them.</td>
</tr>
<tr>
<td>✓ All medications submitted at the 4-H event registration <strong>must</strong> be in the ORIGINAL CONTAINER with the youth’s (or teen’s) name <strong>printed on the bottle</strong>.</td>
</tr>
<tr>
<td>✓ Zip-lock bags, other bottles, bottles printed with someone else’s name, or any other type of container besides the original, <strong>will not be accepted</strong>.</td>
</tr>
<tr>
<td>✓ Actual dosage listed on the bottle must be followed <strong>unless</strong> there is a written note from the prescribing doctor outlining different indications.</td>
</tr>
</tbody>
</table>

**THERE WILL BE NO EXCEPTIONS TO THIS POLICY.**

I have read and understand the above policy.

*Parent/Guardian initials: __________________  Date: ____________*

---

| Member’s Name: ________________________________________________ |
| Parent/Guardian Phone: (Day) ___________________________ (Evening) __________________________ |

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<table>
<thead>
<tr>
<th>Medication Name (include any special instructions)</th>
<th>As Needed</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Bedtime</th>
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</table>

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**FOR ADDITIONAL MEDICATIONS ATTACH ADDITIONAL COPIES OF THIS PAGE.**

**Medication Release**

(Do not sign this line until you pick your child up from the event.)

My signature below indicates that I have picked up all medications from the 4-H staff person following the completion of the 4-H event.

*Parent/Guardian Signature: __________________________________  Date: ________________*
HORSE HEALTH RECORD

Due upon arrival at camp

Owners Name _______________________________________________________________________________________

Address ___________________________________________________________________________________________

City ____________________________ State ___________ Zip ________________ Emergency Phone _________________

Horse Name _________________________________________________ Gender _________________ Age ____________

Description of Horse (color and markings) ______________________________________________________________

Health History
Please give dates of when the vaccine was given - all vaccines listed are required, unless noted as optional

______________ Eastern and Western Encephalomyelitis
______________ Rhinopneumonitis
______________ Tetanus
______________ Equine Influenza

______________ West Nile
______________ Rabies
______________ Strangles (optional)
______________ Potomac Horse Fever (optional)

Date of last deworming _____________________ with (list product) _____________________________________________

Date of Coggins Test ___________________ (dated after 7/12/2016) Horse temperature reading on 7/7/17 _____________

Accession Number __________________________________ Veterinarian __________________________

Laboratory _________________________________________________________________________________________

Is the animal inclined to colic, tying up or prone to wheezing or have heaves? If so, please list the condition and prior management
techniques that you have practiced to prevent this.

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Last any stable problems/peculiarities (does not like mares, cribs, pawing in stall, escapes easily etc.)

__________________________________________________________________________________________________

__________________________________________________________________________________________________

I certify that the above named animal has had all the required vaccinations and is in good health to participate in
the activities required in attending the Virginia 4-H Hokie Horse Camp and has received all required
immunizations.

Owner Signature ______________________________________________________________ Date __________________

Signature of Attending Veterinarian _________________________________________________ Date __________________

Phone number for veterinarian ___________________________________________________________________________