

2024 Horse Day Camp

\$120 for all 3 days or \$40 per day + \$14 shavings and stall fee

Youth must be 8 years old as of September 1, 2023

Must provide your own horse.



Payment Method _____ RECEIPT # _____

Please circle which dates/days you will attend camp:

ALL DAYS OR June 24th(Monday) June 25th(Tuesday) June 26th(Wednesday)

Total Due for Horse Camp all days: \$134.00 Amount Paid \$ _____

Participant

Name:

(Last) (First) (Middle)

Daytime

Phone: _____ Evening Phone: _____

Emergency

Contact:

(Name) (Phone)

Participant's

Address:

(Street) (City) (Zip Code)

Social Security

Number:

_____ Date of Birth: _____

SOCIAL SECURITY NUMBERS ARE REQUIRED FOR REGISTRATION AND WILL ONLY BE SHARED WITH CHILDREN'S SERVICES COUNCIL OF OKEECHOBEE. REGISTRATION FORMS WILL NOT BE ACCEPTED WITHOUT SOCIAL SECURITY NUMBERS.

Grade

Age: _____ Completed: _____ Gender: _____

PARTICIPANTS MUST BE 8-18 YEARS OLD AS OF SEPTEMBER 1, 2023. THERE WILL BE NO EXCEPTIONS TO THIS RULE!

T-Shirt Size: Adult Youth Small Large 2XL
Medium XL

Parent Information:

Parent 1:

(Name) (Address) (Contact Phone Number)

Parent 2:

(Name) (Address) (Contact Phone Number)



Florida 4-H Participation Form for Youth and Adults

Name: _____ Birthdate: ____/____/____ Youth's Age (As of Sept.1, 2023): _____
Choose Gender: Male Female Gender Identity Not Listed Prefer Not to Respond
Home Address: _____ 4-H County/District _____
City, ST, Zip: _____ Home Phone (_____) _____
Name of Parent/Guardian or Emergency Contact: _____ Relationship to Participant: _____
Emergency Contact Primary Phone (_____) _____

Residence:

Farm __ Town under 10,000/rural non-farm __ Town/City 10,000-50,000 __ Suburb of city more than 50,000 __ City more than 50,000 __

Ethnicity:

Are you of Hispanic Ethnicity? NO __ YES __

Race: White __ Black __ Asian __ American Indian or Alaskan __ Native Hawaiian or Pacific Islander __

HEALTH FORM

Please provide relevant information for all "Yes" responses. Reporting conditions will not prevent a person from participating.

Does the participant have any special dietary restrictions or requirements? Yes No _____

Does the participant have any airborne food allergies? Yes No _____

Does the participant have any ingested food allergies? Yes No _____

Does the participant have any non-food allergies? Yes No _____

Does the participant have any health needs or recent medical issues, injuries and/or surgeries? Yes No _____

Does the participant use an inhaler and/or an EpiPen? Yes No If yes, mark which is used: Inhaler EpiPen

Do any specific activities need to be restricted for the participant? Yes No _____

Does the participant require accommodations for a disability and/or a special need to participate in 4-H programs? Please provide information about accommodations needed. Yes No _____

Are there any other health related comments you would like to share? Yes No _____

Health Insurance Company: _____ Policy #: _____

Name of Insured: _____ Relationship to Participant: _____

Date Tetanus Vaccination: ____/____/____

MEDICAL CONSENTS

First Aid Consent: I give UF/IFAS Extension Florida 4-H my consent and permission to render general first aid treatment to my child or myself for any injuries or illnesses occurring during any Florida 4-H activity. I understand that if a medical emergency arises, Florida 4-H will contact emergency medical personnel [911] for assistance. *

Medication Consent: I authorize Florida 4-H to administer medication (over the counter and/or prescribed) to my child as specified in the physician's written instructions or instructions on packaging I have provided. I understand that if my child needs medication to be administered while attending a Florida 4-H activity, I MUST complete the Florida 4-H Medication Form in addition to signing this consent. *

Yes No I understand and agree to the Medical Consents. I am a Parent/Guardian or Adult Participant. *

Parent/Guardian or Adult Participant Signature _____ **Date:** _____

* Consent is required to participate in Florida 4-H.

4-H Participation Form for Youth and Adults: Authorizations/Consents

Florida 4-H Code of Conduct for Youth and Adults: As a participant in 4-H at the local, state, or national level, I have the responsibility of representing the UF/IFAS Extension 4-H Youth Development Program to the public. Therefore, I am expected to conduct myself in a manner that will bring honor to me, my family, my community, and 4-H. To do that, I must abide by the following rules:

1. Obey local, state, and federal laws. Follow county, district, state and/or national 4-H policies. Abide by any special rules for a 4-H event or activity.
2. Speak and act in a responsible, courteous, and respectful way. Harassment, threats or bullying of any type is prohibited.
3. Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.
4. Possession or use of tobacco, e-cigarettes or vaping devices, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a 4-H function must be reported to the adult in charge and must not be accessible to other participants.
5. Possession or use of weapons or other dangerous objects is prohibited in accordance with Florida law, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
6. Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
7. Participate fully in 4-H functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
8. Dress appropriately for each 4-H function.
9. Use of any mobile electronic device during a scheduled 4-H activity is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
10. The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers, and vehicles, are subject to search and seizure by 4-H faculty/staff, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement.)

Failure to abide by the Code of Conduct could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service.

Youth or Adult Agreement: ____ (Initials) Yes No I have read the Florida 4-H Code of Conduct above and agree to abide by it in its entirety. I realize my failure to do so could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service.

Parent/Guardian Agreement: ____ (Initials) Yes No I understand and agree to the Florida 4-H Code of Conduct Above. **

General Release: In consideration for my and/or my child's participation in Florida 4-H, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Florida 4-H, the Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in a Florida 4-H activity or while in, on or upon the premises where a Florida 4-H activity is being conducted.

I am fully aware of the risks and potential hazards connected with participating in Florida 4-H activities and programs and I hereby elect to voluntarily participate and engage in such activities knowing that these activities may be hazardous to me, my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by myself, my child, or any loss or damage to property owned by me, as a result of engaging in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

____ (Initials) Yes No I understand and agree to the General Release. I am a Parent/Guardian or Adult Participant. **

Transportation Policy: I understand that all volunteers and/or parents, faculty and staff who transport Florida 4-H participants as a part of any 4-H activity are required to be 18 years or older, possess a valid driver's license with a safe driving record and automobile insurance, and otherwise comply with state and local laws. Additionally, Florida 4-H requires that drivers utilize a transport vehicle that is in good repair and working order.

I understand that transportation to and from many Florida 4-H activities, not a part of the activity, is the responsibility of the participant and his/her family. Florida 4-H has no ownership or control over any privately owned vehicles and relies on the drivers' compliance to 4-H policies and procedures.

____ (Initials) Yes No I understand and agree to the Transportation Policy. I am a Parent/Guardian or Adult Participant. **

Publicity Release: I authorize UF IFAS Extension and the Florida 4-H Club Foundation, Inc., or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Club Foundation, Inc..

____ (Initials) Yes No I authorize use of my—or my child's individual image and voice. I am a Parent/Guardian or Adult Participant ***

Survey and Evaluation Release: I hereby establish my willingness to participate as an adult (i.e. person age 18 or older, 4-H leader, other volunteer, parent/ guardian, site manager, etc.) and/or give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and/or I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

____ (Initials) Yes No I am willing to participate—or give permission for my child to participate—in any program evaluation. I am a Parent/Guardian or Adult (age 18 or older) Participant ***

**Consent is required. Marking "No" for the Code of Conduct, General Release and Transportation Policy will prevent the individual from participating in Florida 4-H.

***Consent is not required to participate in Florida 4-H.

Youth or Adult Participant Signature : _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Okeechobee 4-H Horse Day Camp

PARTICIPANT RULES AND PROCEDURES

Camp will be held from *8:00 AM – 5:00 PM on the following dates:
June 24-25-26, 2024

Please note: Camp staff will not be on duty before 7:30 AM every day. Please do not expect to drop your child off before that time.

Participants must provide their own horse. Horses may be stalled overnight at the Okeechobee Agri-Civic Center and the stall fee is included in the \$134 camp registration fee. All horses will be assigned a stall. A minimum of two bags of shavings (to be purchased at the Agri-Civic Center) must be used in each stall. Stalls will be cleaned by the participant twice daily (morning and evening) for horses staying overnight and once daily (evening) for horses being brought in daily. Participants will be required to feed, hay and water their horses each day. Participants may bring mares and geldings only. Stallions are not permitted.

Participants are required to supply everything their horse will need for the week such as feed, hay, water buckets, halter and lead rope, grooming tools, tack, fly spray, etc. Participants must bring their own lunches, snacks, and extra drinks. Coolers will be available for food and drinks. A water cooler will also be provided. Be sure to label everything with your name!

The telephone number for emergency contact is (863) 763-6469 (this is the Okeechobee County Extension Office number). Please don't use this just to "call and check in". Cell phones will be permitted but should only be used at appropriate times or they will be taken away. They are not to be used during instruction or while on horseback.

Per 4-H Rules and Florida State Law, all riders are required to wear an SEI or SEI/ASTM approved equestrian helmet while mounted.

Per Florida State Law, proof of a negative EIA (Coggins) test must be shown at time of check-in and a copy must be on file with the camp director. There will be no exceptions and horses will not be allowed to be removed from the trailer until the camp director or state inspector has checked the animal. All horses should be properly immunized, preferably under the supervision of a veterinarian, before coming to camp. Horses should be dewormed and accustomed to the feed and hay they will be eating during camp. Horses should have their feet trimmed and/or shod and in healthy condition prior to arrival at camp. Horses must be sound and at a healthy weight when arriving at camp. Any horse displaying signs of lameness, injury, illness, or other health concern will not be admitted to camp. Participants must pay all expenses for farrier and veterinarian services if they are needed during camp.

In concern for humane treatment of the horse, the camp coordinator has the authority to excuse any horse and/or rider from camp. Any mistreatment or abusive behavior from the rider is grounds for expulsion from camp. Camp coordinators have the authority to send a horse home, require veterinarian or farrier attention or demand stall rest at camp due to any sign of lameness, illness or injury of the horse.

All riding will be under the direction of instructors. Riding without supervision will not be permitted. All the camp's instructors have taken time out of their schedule to come and teach at our camp. Many of these instructors are volunteering their time. Please show them the respect they deserve. An intense effort has been made to select competent instructors for camp.

All tack should be safe and in good condition. The camp coordinators have the authority to require the removal or alteration of any piece of equipment which, in their opinion, is unsafe or is deemed inhumane.

Participants must wear appropriate and safe attire at camp. Long pants and boots with a small heel are required while mounted. Tank tops are permitted as long as they are not spaghetti strap or low cut.

Per Agri-Civic Center rules, trailers may not be left on the property throughout the week. Please make plans prior to camp to take your horse trailer home. **At the conclusion of the camp week, all stalls and tack stalls must be cleaned and stripped of all shavings, straw, hay, and other material.**

Participants must check in and out every day with a camp director. There will be sign in and sign out sheets for parents at the registration table. When you arrive in the morning, please check in with your adult counselor immediately. Do not leave until you check out with an adult counselor.

Participants must be prepared to cooperate with an adult leader. Failure to do so could result in the participant being sent home. Parents will be responsible for transportation of participant and horse in the case of expulsion from the program. Fees will not be refunded if youth is expelled.

Important Notice!

Riding is more than just getting on a horse, there is a lot of work in caring for horses and equipment. Our focus is to teach campers the full responsibility of horsemanship both on and off the horse.

All campers will clean up after themselves and their horses in all areas of the Agri-Civic Center, including the arena, barn, stands and anywhere else necessary. These duties include scooping manure, hosing off wash racks, putting all equipment away, cleaning their tack, picking up garbage, etc.

I have read and understand the Horse Day Camp Rules and Procedures and by signing below agree to the terms set above:

(Participant's Signature)

(Date)

(Participant's Printed Name)

(Parent or Guardian's Signature)

(Date)

(Parent or Guardian's Printed Name)

STATEMENT OF RISK

The applicant is requested to carefully read and sign this form. The applicant's signature is a prerequisite to his/her participation in the Program:

Okeechobee 4- H/UF/IFAS (Institute of Food & Agricultural Sciences) is offering a 4-H Summer Horse Day Camp. The dates of my participation are: June 24-25-26, 2024

The Okeechobee 4-H / UF/IFAS provide knowledgeable staff who are concerned with my safety and well-being. I know and understand that horses can be unpredictable, especially when frightened, injured or exposed to something new, and that they can rear, kick, throw, bite, and cause other injuries. I understand the necessity for safety practices and rules to do everything reasonable to prevent injury to me and my horse. I understand that despite all that is done to provide for my well-being, that there is always a certain risk involved in my participation.

I understand that under Florida law, an equine activity sponsor or professional is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities.

I also acknowledge, that although I am covered by American Income Life insurance, that my horse is not. I further agree to assume responsibility for damage or injury to me, my horse, or my equipment, or damage caused by me or my horse while participating in the program.

I, _____ have read the above paragraph and understand the risks involved.

Dated this _____ day of _____, 2024
(month)

Sign by participant: _____

Signature of Parent or Guardian: _____

HORSE HEALTH FORM

Name of Horse _____

Barn Name _____

Color & Markings _____

Height _____ Age _____ Gelding Mare

Owner _____

Home Phone # _____

Cell Phone # _____

Work Phone # _____

Emergency Contact _____ Phone # _____

AM Feed:

Grain _____ Amount/Directions _____

Supplement #1 _____ Amount/Directions _____

Supplement #2 _____ Amount/Directions _____

Supplement #3 _____ Amount/Directions _____

Hay _____ Amount/Directions _____

Daily Wormer AM PM Horse's Weight _____

PM Feed:

Grain _____ Amount/Directions _____

Supplement #1 _____ Amount/Directions _____

Supplement #2 _____ Amount/Directions _____

Supplement #3 _____ Amount/Directions _____

Hay _____ Amount/Directions _____

Special Instructions _____

Veterinarian Information

Name _____ Phone # _____

Insurance Company _____

Policy # _____

Phone # _____

Farrier Information

Name _____ Phone # _____

Last Shoeing/Trim Date _____

Health History

Deworming History Paste Other: _____ Date _____

Current Vaccinations

- | | |
|--|--------------------------|
| <input type="checkbox"/> Encephalomyelitis (EEE, WEE, VEE) | Date Administered: _____ |
| <input type="checkbox"/> Tetnus Toxioid | Date Administered: _____ |
| <input type="checkbox"/> Influenza | Date Administered: _____ |
| <input type="checkbox"/> Rhinopneumonitis | Date Administered: _____ |
| <input type="checkbox"/> Rabies | Date Administered: _____ |
| <input type="checkbox"/> West Nile | Date Administered: _____ |
| <input type="checkbox"/> Strangles | Date Administered: _____ |

Special Instructions/Problems

What do you want to achieve with your horse during summer camp?
