



2022 HORSE CAMP

The Horse Olympics

June 3-5

Jefferson County Fairgrounds

Dear Campers:

Attached please find the Horse Camp Registration Form, Cloverbud Horse Camp Registration Form, and Ohio 4-H Health Statement. **This health form is your ticket into horse camp for the weekend.** It will need to be filled out **prior** to arriving at the fairgrounds.

The 2022 Jefferson County Horse Camp Registration Forms are due by May 10, 2022. Check-in at camp will be held from 5:30-7:00 pm in the rabbit pavilion at the Jefferson County Fairgrounds. **Schedules for the weekend will be provided during check-in.**

Please be advised, the committee is working on getting a lunch stand this year. However, this is not a guarantee. If you have any questions or concerns, feel free to contact Deb Grimes at 740-424-4996.

Thank You!

PIZZA AND SODA

WILL BE SUPPLIED ON FRIDAY AT 7:30

Ohio 4-H Health Statement

ALL SIDES of this form MUST be completed for each participant. Minors must have the form completed and signed by a parent/guardian. This information will be kept confidential and used only for the welfare of the participant. PRINT neatly using blue or black ink.

REQUIRED!
Attach
Picture
(for I.D.
purposes only)

Participant/Member Information:

Name: _____			
(Last)	(First)	(Middle)	
Address: _____			
(Street)	(City)	(State)	(Zip)
Home Phone: _____		County: _____	
Date of Birth: _____		Male/ Female	Age (today): _____

Emergency Contact Information:

Parent/Guardian Name: _____	Parent/Guardian Cell Phone: _____
Other Contact: _____	Other Cell Phone: _____
Other Contact: _____	Other Cell Phone: _____
Physician: _____	Physician Phone: _____
Dentist: _____	Dentist Phone: _____

Health History:

Communicable Diseases:	
Provide the date (approximate is acceptable) at which participant has had or was exposed to:	
Chicken Pox _____	Measles _____ Whooping Cough _____
Tuberculosis _____	Mumps _____ Other Communicable Diseases _____
Immunization/Vaccine Record:	
<input type="checkbox"/> To the best of knowledge, the participant is up-to-date on all immunizations which may include, but is not limited to: Diphtheria/Pertussis (Whooping Cough-TDAP), Polio, Measles/Rubella/Mumps (MMR), Haemophilus Influenza (HIB), Varicella (Chickenpox) that are required for school.	
<input type="checkbox"/> The participant has received a Tetanus Booster. Date of last booster: _____	
If the participant is not current or up-to-date with immunizations, please complete the Ohio 4-H Immunization Exemption Form.	

Medical Instructions: Medications/Allergies, Current/Past Medical Conditions:

Current Medications (Prescribed and Over-The-Counter, Current or Past Medical Treatment):
(please list additional medications or needs on a separate sheet)

Name of Medication:	Dosage:	Frequency/Instructions:



Check below if the participant is subject to any of the following conditions:

<input type="checkbox"/> Asthma Controlled? yes/no	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Cramps	<input type="checkbox"/> Fainting	<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Seizures	<input type="checkbox"/> Sore Throat
<input type="checkbox"/> Athlete's Foot	<input type="checkbox"/> Constipation	<input type="checkbox"/> Diarrhea	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> Home Sickness	<input type="checkbox"/> Sinusitis	<input type="checkbox"/> Other?
<input type="checkbox"/> Bed Wetting	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Headaches	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Sleep Walking	

Allergies:

If none, please write NONE here: _____

Food allergies: _____

Medication allergies: _____

Serious Ivy, Oak or Sumac Poisoning: What is the prescribed treatment? _____

Serious bee or insect sting reactions: What is the prescribed treatment? _____

NOTE: If participant's allergy may require use of an "EPI-PEN", then the participant must provide the "Epi-Pen(s)" and discuss possible administration with health care professional upon arrival to camp.

Accommodations for Camp:

Please tell us about the accommodations your child may need at 4-H camp:

- ☐ I will be bringing medications to camp (please describe whether they require refrigeration or special storage below).
- ☐ I have dietary restrictions (describe below).
- ☐ I have limited mobility (e.g. crutches, cane, etc.).
- ☐ I have ADHD or a related attention deficit disorder; a visual, hearing, cognitive processing, reading, or a speech impairment. (describe any needs you anticipate at camp and the accommodations you typically receive at school and home below).
- ☐ I require the use of medical equipment that needs electricity (describe below).
- ☐ I require other accommodations not listed above (describe below).
- ☐ I do NOT require any special accommodations (none of the above apply to me).

Description of any past or current physical, mental, or psychological conditions requiring medication, treatment, or special restrictions or considerations while at camp: _____

Description of any camp activities from which my child should be exempted for health reasons: _____

Instructions for Medications:

All prescription drugs must be carried in the container in which they were issued (with medical orders and physician's name intact) and given to the nurse/health director. Other prescription drugs will not be accepted. Only bring the amount needed for your stay at camp.

If you need regular over-the-counter medications, they must be in the original container. Like prescription medications, these medications must be given to the nurse/health director.

All medications will be given as directed on the original package/container. If there are any dosage adjustments, you must bring signed documentation from your physician.

Check medication(s) that participant may receive if deemed necessary and administered by a health professional. Examples of brand names are given in parentheses. Generic or other name brands may be provided:

<input type="checkbox"/> Acetaminophen (ex: Tylenol)	<input type="checkbox"/> Antibiotic Ointment (ex: Neosporin)	<input type="checkbox"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Poison Ivy Medicine (ex: Calamine Lotion)
<input type="checkbox"/> Aloe Lotion	<input type="checkbox"/> Cough Syrup/Drops	<input type="checkbox"/> Diarrhea Medication (ex: Imodium)	<input type="checkbox"/> Sore Throat Medicine
<input type="checkbox"/> Antacids (ex: Maalox, Tums)	<input type="checkbox"/> Decongestant (ex: Sudafed)	<input type="checkbox"/> Dramamine	<input type="checkbox"/> Sun Screen
<input type="checkbox"/> Antihistamine (ex: Benadryl, Claritin)	<input type="checkbox"/> Diarrhea Medication (ex: Imodium)	<input type="checkbox"/> Laxative (ex: Milk of Magnesia)	<input type="checkbox"/> Swimmer's Ear Medicine
<input type="checkbox"/> Antiseptics	<input type="checkbox"/> Dramamine		

Emergency Medical and Informed Consent/Camp Program Release

I understand that my child, _____ will be a participant in the Ohio 4-H program and I grant permission for him/her to participate in this program and associated activities with the exception of any restricted activities that I have listed below.

I understand that my child is not required to participate in this program, but grant my permission for him/her to do so, despite the potential risks. I recognize that by participating in this program, as with any physical activity, my child may risk personal injury, paralysis and/or death. I understand program participants will be supervised and acknowledge that the 4-H staff and volunteers, OSUE, The Ohio State University, and the 4-H Camp Site are not responsible for any potential injury or illness resulting from my child's participation. I hereby attest and verify that I have been advised of the potential risks, that I have full knowledge of the risks involved and that I assume any expense that may be incurred in the event of an accident, illness, or other incapacity, regardless of whether I have authorized such expenses.

I understand that most program activities are conducted outdoors and that wearing proper dress (e.g., rain gear, warm clothing) is an essential part of the camp safety rules and procedures. I am aware of and have discussed with my child the established safety rules and procedures.

In the case of serious illness or injury of my child, I understand that I will be notified. If I cannot be contacted, unless otherwise specified below, I grant permission to the attending medical professional to secure proper treatment, hospitalize, and/or take any other action deemed necessary for the immediate care of my child.

In consideration of the opportunity for my child to participate in this program, I, acting for my child, myself and our respective heirs, executors, administrators and assigns, agree to assume any and all risks associated with this activity and do hereby release, indemnify and hold harmless The Ohio State University, its Board of Trustees, OSUE, the Ohio 4-H program, the 4-H camping facility, and their respective officers, agents, and employees from any and all liability, damage, and/or claim of any nature resulting from or arising out of my child's participation in this program and its activities.

Restricted activities and/or special notification instructions: _____

Photo and Video Release

I give permission to The Ohio State University, OSUE, the Ohio 4-H program, and the 4-H camping facility to record and edit into video and/or photographs the likeness, voice, image and video images of my child, _____, and to use all or parts of the video or photographs in print or electronic materials for The Ohio State University, OSUE, the Ohio 4-H program, and 4-H camping facility to promote any and all public awareness for the program(s) in which my child is involved.

Parent/Guardian Printed Name

Parent/Guardian Signature

Date

Jefferson County Horse Camp

June 3-5, 2022

Theme:

Horse Olympics!!

Participate in Our

Horse Costume Contest

Friday, June 3 @ 7pm

Dress your horse as if you were carrying any country's flag into the opening ceremony of the Olympics!

We will be judging on the following criteria:

Most Colorful

Most Upcycle

Most Original

Most Glamorous

2022 CLOVERBUD HORSE CAMP REGISTRATION

Saturday,
June 4, 2022



2:00-4:00 p.m.

(NOTE: Please complete one form for each Cloverbud you are registering.)

REGISTRATIONS DUE: May 10, 2022

(NO LATE REGISTRATIONS WILL BE ACCEPTED!)

Name: _____ Club: _____

Address: _____

Telephone: _____ Age: (as of 1/1/22) _____

The fee for Cloverbud Camp is \$5.00 (includes craft and snack).

T-Shirts are available for purchase. If you want a t-shirt, complete the information below.

(NO SHIRTS WILL BE ORDERED WITHOUT PRE-PAYMENT WITH THIS REGISTRATION.)

I am enclosing \$ _____ for _____ Cloverbud Camp Registrations

I would like a t-shirt(s): _____ Yes _____ No

(Medium, Large & X-Large - \$20.00 XXL - \$25.00)

Youth Size M L XL XXL

Please circle size(s)

I am enclosing \$ _____ for _____ T-Shirts

There are No Small Youth Shirts

TOTAL ENCLOSED FOR ALL ITEMS: \$ _____

Mail completed Registration, along with check made payable to:
Jefferson County Saddle Horse Committee, c/o OSU Extension
500 Market Street Suite 512
Steubenville, OH 43952
(740) 264-2212

Horse Olympics Camp - 2 page Registration
REGISTRATION — 2022 JEFFERSON COUNTY HORSE
CAMP JUNE 3, 4, 5 —
JEFFERSON COUNTY FAIRGROUNDS

NOTE: PLEASE COMPLETE ONE FORM FOR EACH MEMBER YOU ARE REGISTERING!

(Please complete reverse side of this form. It is important!)

NAME: _____ CLUB: _____

ADDRESS: _____

TELEPHONE: _____ AGE: (as of 1/1/22) _____ Will you bring a Horse/Pony? ☐ Yes ☐ No

JEFFERSON MEMBER CAMP FEE: \$90.00 (Meals will not be included. **REGISTRATION DUE: May 10, 2022**)

OUT OF COUNTY PARTICIPANTS FEE : \$120

ALL LATE REGISTRATIONS WILL HAVE A FEE OF \$200.00 if you need help with the cost of Horse Camp.

1 camperships are available. Call OSUE Office for application @ 740) 264-2212 - Campership applications are (due May 10, 2021)



CAMPER FEE: \$15.00 per night This Fee goes to the Jefferson County Fairboard :

T-Shirts are available for purchase. If you want a t-shirt, complete the information below :

(NO SHIRTS WILL BE ORDERED WITHOUT PRE-PAYMENT WITH THIS REGISTRATION.

NO EXTRA ORDERS WILL BE PLACED FOR SHIRTS AFTER THE DEADLINE.)

I am enclosing \$ _____ for _____ Horse Camp Registrations :

I am enclosing \$ _____ for _____ Night's Camper Fee

I would like a t-shirt(s): ☐ Yes ☐ No

(Small, Medium, Large & X-Large - \$20.00 XXL - \$25.00)

I am enclosing \$ _____ for _____ T-Shirts

TOTAL ENCLOSED FOR ALL ITEMS: \$ _____

Size **S M L XL XXL** : Adult Only _____

Please circle size(s)

NOTE: CLOVERBUD CAMP REGISTRATION IS REQUIRED ON A SEPARATE FORM!

COMMUTERS ARE WELCOME!

Mail completed Registration, along with check made payable
to: Jefferson County Saddle Horse Committee -
c/o OSU Extension, 500 Market Street Ste. 512
Steubenville, OH 43952



**REGISTRATION CONTINUED —2022 JEFFERSON COUNTY
HORSE CAMP JUNE 3, 4, 5
JEFFERSON COUNTY FAIRGROUNDS**

NOTES:

Everyone does Showmanship!

Years of Riding Experience: _____

Is this your First Year at Horse Camp? _____ Yes

_____ No

Everyone pick from this row	Western Showmanship <input type="radio"/>	English Showmanship <input type="radio"/>	Contest Showmanship <input type="radio"/>	Draft Showmanship <input type="radio"/>
BEGINNERS ONLY	Walk/Jog Western Horsemanship <input type="radio"/>	Walk/Trot English Equitation <input type="radio"/>		
INTERMEDIATE AND ADVANCED	Walk/Jog/Lope Western Horsemanship <input type="radio"/>	Walk/Trot/Canter English Equitation <input type="radio"/>	Contest Classes (Walk/Trot/Canter) <input type="radio"/>	
RIDING CLASSES				
Driving _____	Trail _____	Trail-in-Hand _____	Ranch Pleasure Rail _____	Ranch Pleasure Pattern _____
English Dressage _____	Western Dressage _____	Jumping _____		
POSSIBLE	POSSIBLE			

IF YOU WANT MORE THAN 1 PER ROW, NUMBER THEM ACCORDING TO PREFERENCE.

CHECK (1) CIRCLE IN A ROW AS INDICATED FROM THE SELECTIONS BELOW.

NOTE: Choose your riding class/classes above by placing a number in order of preference under your choices for that particular section, i.e. Driving 1, Trail 4, Jumping 2, English Dressage 3, etc. **DISCLAIMER:** You may not get ALL of your electives.

NAME: _____

CLUB: _____

