

Aloha... Whoa!!!

2023 Horse Camp

June 2-4, 2023

Jefferson County, OH 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's event. It will need to be filled out prior to arriving at the fairgrounds.

The 2023 Jefferson County Horse Camp Registration Forms are due no later than May 5, 2023. 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 will have a lunch stand this year, with proceeds benefiting the saddle horse committee. If you have any questions or concerns, feel free to contact Erin Ogden at 740-424-4313.

Thank You!

PIZZA AND SODA WILL BE SUPPLIED ON FRIDAY AT 7:00pm

REQUIRED HORSE ETIQUETTE CLASS AT 7:30 pm

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



2023 Cloverbud Horse Camp

Event: 2-4 p.m, Saturday June 3, 2023

Registration Due May 5, 2023

Camp Fee \$5

Fill out one registration form per participant.

No late registrations will be accepted.

Name: _____

Club: _____

Age as of 1/1/23 _____

Address: _____

Telephone: _____

Tshirts - \$20 size (Circle one) - youth M, youth L, youth XL, Adult S, Adult M, Adult L, Adult XL, Adult XXL(\$25)

I am enclosing \$5 for Cloverbud Camp
 I am enclosing \$20 for a t-shirt

(Shirts are NOT a mandatory purchase and are only available when pre-ordered.)

Completed registration form and check must be received by May 5, 2023. Check can be made payable to the Jefferson County Saddle Horse Committee and mailed to or dropped off at 500 Market Street, Suite 512, Steubenville, OH 43952.

Aloha... Whoa!!!

2023 Horse Camp



June 2-4, 2023

Jefferson County, OH Fairgrounds

REGISTRATION FORM = 2 Pages

Please complete one form for each you that you are registering. This is not meant for cloverbuds. Cloverbuds are on a separate form.

Jefferson County 4-H member camp fee: \$90 (Meals not included!)

Out-of-county but returning participant: \$90

Out-of-county new participant: \$120

All late registration fee: \$200

Registration must be received at 500 Market Street, Suite 512, Steubenville, OH 43952 no later than May 5, 2023.

A limited number of scholarships are available to Jefferson County youth in need of financial assistance. Please contact Erin Ogden for more information at 740-424-4313.

Name: _____ Club: _____

1. ___ I am enclosing \$ _____ for my horse camp registration. My registration is ...

(Circle one) In-county Out-of-county Late registering

2. I would like to purchase a camp t-shirt for \$20/\$25. I am enclosing an additional \$ _____ for _____ (number) of t-shirt/s.

(Circle the size/s) Adult s, Adult m, Adult l, Adult xl, Adult 2xl, Youth m, Youth l, Youth xl (Adult 2xl = \$25)

1st check = registration \$ _____ + t-shirt \$ _____ = \$ _____

3. Camping will be available for \$15 per night. This overnight camping fee must be included in a separate check from the registration fee.

These checks made payable to the Jefferson County Fairboard. Please include this additional check with this registration.

2nd check = \$ _____ for _____ nights of camping

Aloha ... Whoa!!!

Horse Camp Class Choices

Notes – Showmanship is mandatory.



Years of riding experience: _____

Number of horse camps attended: _____

Everyone Pick One: (Circle one)

- Western Showmanship
- English Showmanship
- Contest Showmanship
- Draft Showmanship

Beginners Only: (Circle one)

- Walk/Jog Western Horsemanship
- Walk/Trot English Equitation

Intermediate and Advanced (Circle one)

- Contest Classes Walk/Trot/Canter
- Walk/Jog/Lope Western Horsemanship
- Walk/Trot/Canter English Equitation

Riding Classes:

Number in order of preference 1 being your first choice and 8 being your least favorite choice.

Leave blank those you are not interested in attending.

- _____ Driving
- _____ Trail
- _____ Trail-In-Hand
- _____ Ranch Pleasure Rail
- _____ Ranch Pleasure Pattern
- _____ English
- _____ English Dressage
- _____ Western Dressage

Name _____

Club: _____