What’s it all about? - This is a horseless camp filled with activities to learn about horses and to have fun!

Date: January 6 and 7, 2017
Place: Blue Ribbon Pavilion at the Champlain Valley Exposition, Essex Junction
Who: All Chittenden County 4-H members 4-H age 8 through 13 years old
Time: 5:30 pm Friday to 11:30 am Saturday
Cost: $25 per member if received before 12/9
$30 per member if received between 12/10 and 12/16 (last day for registering)
All adults are free.

Final registration date December 16, 2016

Tentative Schedule

Friday, January 6
5:30 to 6:00 Registration and sleep quarters set up
6:00 to 6:30 Pizza dinner
6:30 to 7:00 Get acquainted activity
7:00 to 8:00 Craft
8:00 to 8:30 Snack break
8:30 to 9:30 Horseless Horse Show

Saturday, January 7
7:45 to 8:30 Breakfast
8:30 to 11:00 Activities/Skillathons
11:00 to 11:30 Evaluations and Wrap Up

Included at the camp:
- Dinner Friday evening (pizza)
- Snack Friday evening
- Breakfast Saturday morning
- Supplies and materials

What to bring:
- Sneakers REQUIRED
- Sleeping bag
- Cot or air mattress (Optional)
- Pillow
- Pajamas
- Comfortable clothing
- Toothbrush and toiletries
- Water bottle

⇒ To request a disability-related accommodation to participate in this program, please contact Rose Garritano at 802-656-5429 by December 16, 2016 so we may assist you.

Registration instructions:
1. Fill out the requested information in the box below.
2. Fill out page two of this flyer, the health form.
3. Cut off the form below and mail it with the health form to 4-H WHC, PO Box 70, Westford, VT 05494 AND include a check made out to “Chittenden County 4-H Horse Program” for $25 or $30, depending on the date of registration.

NOTE: Scholarships are available. Contact rosemarie.garritano@uvm.edu for an application. Applications are due with your registration.

Name ____________________________________________________________
Phone __________________________________
Club _____________________________________________________________
Age ______________________________________________________________
Email __________________________________________________________________________________________________________

REQUIRED: Who will be your chaperon for your club*?

*Please check with this person to be sure that they are planning to chaperon and will be there for the entire event, including overnight.
Please fill out this form and return it to your club’s Organizational Leader. Club leaders should have this form available when meeting or travelling as a club. This form may also be needed for events and activities outside the club program. If anything changes, please submit a new form.

Member Name (Child or Adult): _________________________________________________________________

Parent/Guardian Name if Member is under 19:   ___________________________________________________

<table>
<thead>
<tr>
<th>Check the diseases or vaccinations the member has had:</th>
<th>Check if member has difficulty with any of the following issues:</th>
<th>Does the member take any prescribed medication:</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Measles</td>
<td>□ Homesickness</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ Mumps</td>
<td>□ Fear of water</td>
<td>□ No</td>
</tr>
<tr>
<td>□ German Measles</td>
<td>□ Fear of the dark</td>
<td>If yes, will the medication be taken at the event?</td>
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<tr>
<td>□ Chicken Pox</td>
<td>□ Sleep talking</td>
<td>□ Yes</td>
</tr>
<tr>
<td>□ Whooping Cough</td>
<td>□ Bed wetting</td>
<td>□ No</td>
</tr>
<tr>
<td>□</td>
<td>□ Menstrual cramps</td>
<td>If yes, ask your Extension office for a 4-H Health</td>
</tr>
<tr>
<td>□</td>
<td>□ Sleep walking</td>
<td>Statement on Medication or Pre-existing Injury</td>
</tr>
<tr>
<td>□</td>
<td>□ Other(explain</td>
<td>form.</td>
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</table>

Does the member wear:

- □ Glasses
- □ Contacts

Does the member have any known allergies or sensitivities?

- □ Yes _________________________________
- □ No _________________________________

In case of emergency: Family physician: ____________________________ Phone ____________________

Address: ____________________________________ Insurance Name/Policy # _______________________

I hereby give permission to the group leader(s) to obtain necessary medical treatment for my child in the event I cannot be reached in an emergency. I understand that the University of Vermont shall not be liable for expenses associated with any medical treatment for injuries my child may sustain by virtue of his/her participation in the program.

Parent/Guardian Signature ___________________________________________ Date ________________

Home Phone ____________________ Work Phone ____________________ Cell/Pager ____________________

If you cannot be reached, we should contact: ___________________________ Phone ________________

Indicate any activities in which you do not want your child to participate ____________________________

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