



Winter Horse Camp

**Winter horse fun
without the horses!**

FRIDAY, JANUARY 3 AND SATURDAY, JANUARY 4, 2025

Blue Ribbon Pavilion, Champlain Valley Exposition, Essex Junction, VT 05452



Starts 5:30 p.m. Friday and finishes 11:30 a.m. Saturday

Open to all 4-H members, ages 8 through 14 as of Jan. 1, 2025.

Cost: \$25 per 4-H member

Registrations will not be accepted after December 13, 2024!

Free registration for adult chaperones. Chaperones are required from each club sending members and must have completed the UVM Chaperone background checks or be an approved club leader.

Participants should bring:

- SNEAKERS
- Sleeping bag and pillow
- Cot/air mattress (optional)
- Pajamas
- Comfortable clothes
- Toothbrush and toiletries
- Water bottle

Camp will provide:

- Dinner and snack Friday evening
- Breakfast Saturday morning
- Supplies and materials
- Educational and fun activities
- Opportunity to make new friends

Tentative Schedule:

Friday, January 3, 2025

5:30 – 6:00 p.m.	Arrive, register, set up
6:00 – 6:30	Pizza dinner
6:30 – 7:00	Get acquainted activity
7:00 – 8:00	Horse craft
8:00 – 8:30	Snack break
8:30 – 9:30	Horseless horse show

Saturday, January 4, 2025

Until 7:45 a.m.	Get dressed and pack up
7:45 – 8:30	Breakfast
8:30 – 11:00	Activities and skill-a-thons
11:00 – 11:30	Evaluations/wrap-up

To request language interpretation/translation assistance and/or a disability-related accommodation to participate in this program, please call or email Martha Manning at 802-656-7621 or martha.manning@uvm.edu by Friday, December 13, 2024, so we may assist you.

www.uvm.edu/extension/youth

Winter Horse Camp Registration



Friday, January 5 and Saturday, January 6, 2024

Blue Ribbon Pavilion, Champlain Valley Exposition, Essex Junction, VT 05452

Open to all 4-H members, ages 8 through 13 as of Jan. 1, 2024.

Instructions:

- Complete this form and the "Health History and Emergency Medical Treatment Form."
- Camp fee is \$25 per person with checks payable to: Chittenden County 4-H Horse Program
- Mail payment and both forms to:

4-H Winter Horse Camp
c/o Mary Fay
P.O. Box 70
Westford, VT 05494

Scholarships are available and applications are due no later than December 15. Contact joelmary4h@aol.com for an application, or contact your county Foundation.

Name: _____

Phone: _____

Age of Camper (as of Jan. 1, 2024): _____

E-mail: _____

Club: _____

Dietary restrictions (if none, leave blank): _____

Chaperones:

Each club must register at least one or more adults who will be the official chaperone(s) for the club (more if a club has more than 5 members attending).

Chaperone(s) must be there for the entire event.

Please check with your club leader to see who your club chaperone(s) will be.

Name of your chaperone: _____

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University of Vermont Extension



Health History and Emergency Medical Treatment

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: _____

Check the diseases or vaccinations the member has had:

- ☐ Measles
- ☐ Mumps
- ☐ German Measles
- ☐ Chicken Pox
- ☐ Whooping Cough

Does the member wear:

- ☐ Glasses
- ☐ Contacts

Check if member has difficulty with any of the following issues:

- ☐ Homesickness
- ☐ Fear of water
- ☐ Fear of the dark
- ☐ Sleep talking
- ☐ Bed wetting
- ☐ Menstrual cramps
- ☐ Sleep walking
- ☐ Other(explain

Does the member take any prescribed medication:

- ☐ Yes
- ☐ No

If yes, will the medication be taken at the event?

- ☐ Yes
- ☐ No

If yes, ask your Extension office for a 4-H Health Statement on Medication or Pre-existing Injury form.

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 _____