Rutland County Horsemanship Clinic

Friday, May 10 - Sunday, May 12, 2019

Vermont State Fairgrounds, 175 S Main St, Rutland, VT

This event is open to all active 4-H members, statewide.
Cost to participate is $65 for weekend, $20 for Mini Clinic on Sunday

TOPICS INCLUDE:
- Mounted & Unmounted Instruction
- Stable Management
- Horse and Equipment Care
- Hobby Horse Craft Workshop
- Morning & Evening Chores
- Award Ceremony
- Horse-Less/Non-Rider/Cloverbud Mini Clinic Sunday, May 12

TO REGISTER:
Registration Packet and check due by April 15th to:
UVM Extension, 2019 Horsemanship Clinic
271 N Main St, Suite 110, Rutland, VT 05701

Make checks payable to “Rutland County 4-H Foundation”

DIRECTIONS TO FAIRGROUNDS:
* Rte. 100/103 North to Rte. 7 North; * Rte. 44/131 West to 103 North to Rte. 7 South

To request a disability-related accommodation to participate in this program, contact Kimberly Griffin, 4-H Educator for Rutland/Bennington Counties, at (802) 773-3349 ext. 276 or kimberly.griffin@uvm.edu by April 15, 2019 so we may assist you.
# 2019 Rutland County 4-H Horsemanship Clinic

## Schedule of Events

### Wednesday, May 8

Work night, 4:30 pm – prepare stable area and grounds for weekend.

### Friday, May 10

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:00-6:00 pm</td>
<td>Arrival time &amp; Veterinary check. (Provide proof of current Coggins and Rabies.) Helmet check. (All riders must present helmet.)</td>
</tr>
<tr>
<td>6:30 pm</td>
<td>Feed and prepare horses for the night.</td>
</tr>
<tr>
<td>7:00 pm</td>
<td>Orientation to discuss rules and regulations for the weekend.</td>
</tr>
<tr>
<td>7:30 pm</td>
<td>Final horse check and leave grounds or report to campsite.</td>
</tr>
</tbody>
</table>

### Saturday, May 11

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:30 am</td>
<td>Arrival at barns. Feed, water horse, do barn chores.</td>
</tr>
<tr>
<td>8:45 am</td>
<td>Prepare horses for morning instruction session.</td>
</tr>
<tr>
<td>9:15 am</td>
<td>Instructors and students leave for designated ring areas.</td>
</tr>
<tr>
<td>9:30-10:30 am</td>
<td>Instruction time for all participants.</td>
</tr>
<tr>
<td>10:30 am</td>
<td>Start back to stable area; horse and equipment care.</td>
</tr>
<tr>
<td>10:45-12:00 pm</td>
<td>Lunch and stable management.</td>
</tr>
<tr>
<td>12:15-1:30 pm</td>
<td>Unmounted Educational Session (all participants)</td>
</tr>
<tr>
<td>1:30 pm</td>
<td>Prepare horses for afternoon instruction session.</td>
</tr>
<tr>
<td>1:45 pm</td>
<td>Instructors and students leave for designated ring areas.</td>
</tr>
<tr>
<td>2:00-3:00 pm</td>
<td>Instruction time for all participants.</td>
</tr>
<tr>
<td>3:00 pm</td>
<td>Start back to stable area; horse and equipment care.</td>
</tr>
<tr>
<td>3:15-4:30 pm</td>
<td>Hobby Horse Craft Workshop (all participants)</td>
</tr>
<tr>
<td>4:30-5:30 pm</td>
<td>Night chores: feed and water horses, secure stalls, tack and equipment.</td>
</tr>
<tr>
<td>6:00 pm</td>
<td>Clinic is done for day 1. Depart grounds or report to campsite for evening meal.</td>
</tr>
<tr>
<td>7:00 pm</td>
<td>Evening Activity</td>
</tr>
</tbody>
</table>
**Sunday, May 12**

7:30 am  Arrival at barns. Feed, water horse, do barn chores.

8:45 am  Prepare horses for morning instruction session.

9:15 am  Instructors and students leave for designated ring areas.

9:30-10:30 am  Instruction time for all participants.

10:00 am  **Mini-Clinic** begins for horseless/non-riders.

10:30 am  Start back to stable area; horse and equipment care.

10:30-11:30 am  Lunch and stable management.

11:30 am  Lunch – Pizza provided

12:45 pm  Prepare horses for afternoon instruction session.

1:00 pm  Instructors meet students at designated ring areas.

1:00-2:00 pm  Instruction time for all participants; Riding time for Horseless Participants

2:00 pm  Return to stable, horse and equipment care.

2:30 pm  All participants meet for awards ceremony.

3:00 pm  Depart for home

Following awards ceremony, grounds are prepared for departure. Stalls stripped; horses prepared for trip home.

Parents and other volunteers are encouraged to assist with clean up of riding areas and obstacles. We appreciate your help!

In case of bad weather, unmounted lessons will be utilized for continued learning.

**Please note:** the clinic is a learning experience for 4-Hers and their horse projects. All 4-H participants should be doing the work on their own, or with a mentor, to enhance their learning experience. Parent volunteers are welcomed to stay and assist in various assigned capacities.

*Leaders and or a designated adult must be in attendance or onsite during riding sessions for each participant.*

**Thank you for attending the 2019 Rutland County Horsemanship Clinic!**

To request a disability-related accommodation to participate in this program, please contact Kimberly Griffin, 4-H Educator for Rutland/Bennington Counties at kimberly.griffin@uvm.edu or (802) 773-3349 by April 15th so that we may plan to assist you.
2019 RUTLAND COUNTY HORSEMANSHIP CLINIC

LETTER OF SUITABILITY OF HORSE AND RIDER

*** TO BE COMPLETED BY INSTRUCTOR OR 4-H LEADER ***

Name of Rider: ___________________________ Age: ________ (As of Jan 1, 2019)

Name of 4-H Club: ___________________________

Seat of Rider: ________ English _________ Western _________ Driving

Dear Leader or Instructor:
In an effort to make this clinic as safe and enjoyable as possible, we depend on you to carefully fill out this letter of suitability. Safety is our main concern. Please make sure that the following basic specifications are met before filling out the entire form. A clinic applicant’s registration cannot be verified until this form is returned to us.

Level of Rider
(Classes may be combined if numbers of riders are small.)

Please check one:

_____ Beginner: Can lead horse. Can mount, walk, trot and halt unassisted in a small group within an enclosed area. (English & Western maybe combined)

_____ Advanced Beginner: Can lead horse. Can mount, walk, trot/jog and halt in a small group. Can walk or trot over trail obstacles or individual patterns at a trot or jog. Needs work on steadying hands, seat, control, posture/sitting, etc. still within an enclosed area. (English & Western maybe combined)

_____ Intermediate: Can walk, trot/jog and has begun work at the canter/lope in a group setting. Also capable of working in a ring that is not entirely enclosed. Ready to work on balancing the horse as well as improving rider’s position, “on the flat” and in patterns, as well as trail obstacles. (English group, Western group)

_____ Advanced: Steadiness and correctness at walk, trot/jog and canter/lope in a group setting. All advanced riders should be prepared to work on improving both horse’s and rider’s frame and correctness, “on the flat” and in patterns or over obstacles. (English group, Western group)

_______________________________________
4-H Leader/Instructor Signature

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ABOUT YOUR HORSE
*** TO BE COMPLETED BY 4-H MEMBER ***

Horse’s Name: _____________________________________________________________

Breed of Horse: _____________________________________________________________

1. Will your horse be conditioned for use in the clinic? (They must be able to work at least 1-2 hours over the course of a day.) __________ Yes __________ No

2. List your horse’s bad habits, such as kicking, biting, bolting, rearing, stall vices.
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

3. Is your horse able to be handled by you, or do you need assistance, such as leading to and from the riding areas?
   _______________________________________________________________________

4. Please provide any information that will assist us in putting you and your horse in the appropriate riding group. Tell how much riding you’ve done over the winter/spring with this horse:
   _______________________________________________________________________
   _______________________________________________________________________

5. If you’re riding English and would like to jump, how high have you been safely jumping this spring?
   _______________________________________________________________________
   _______________________________________________________________________

6. What would you like to experience or learn at the clinic?
   _______________________________________________________________________
   _______________________________________________________________________
   _______________________________________________________________________

4-H Member Signature ____________________________ Date _________________________
2019 Rutland County Horsemanship Clinic

Suggested Equipment List for Clinic

All items need to be identified with your name. Please make sure all leather equipment is in safe working condition. Before this event, replace any frail or worn leather.

Required for Riders/Drivers:
- ASTM/SEI approved helmet. Required for both English and Western riders.
- Breeches, jodhpurs, jeans
- Riding boots, paddock boots, or riding sneakers with heel. Absolutely NO sneakers, hiking boots, or work boots allowed while riding.
- Leather sneakers or shoes or work boots are allowed for stable wear.
- Raincoat
- Lunch/Snacks

Required for Horses:
- Saddle, stirrups, and leathers
- Bridle and bit
- Girth and cinch
- Harness and Cart
- Lead rope and halter
- Clean Saddle pad
- Sheet is optional

Grooming Equipment:
- Body Brush
- Curry comb
- Fly Spray
- Hoof Pick
- Mane/tail comb
- Sponge
- Sweat scraper
- Towels

Suggested Items for Rider/Driver and Horse:
- Sunscreen
- Band Aids
- Water Bottle
- Liniment
- Support wraps

Required Stable Equipment:
- Hay and grain enough for 3 days
- Salt block (suggested)
- Haynet or haybag (suggested)
- Three screw eyes for buckets and haynets
- Three double ended snaps
- Manure bucket or wheelbarrow (may share with another person)
- Shovels or manure fork (may share)
- Shavings/sawdust
- Tack cleaner, conditioner
- Tack trunk or tote to hold small equipment
- Bridle and halter hangers with no protruding nails
- Two large rubber or plastic buckets for water and grain (not joint compound type)
2019 RUTLAND COUNTY HORSEMANSHP CLINIC
CLINIC REGISTRATION APPLICATION - FOR RIDERS/DRIVERS
DUE TO RUTLAND UVM EXTENSION OFFICE BY APRIL 15, 2019

Participant’s Name: _________________________________________________________________

Email Address: _____________________________________________________________________

Date of Birth: ___________________________ Age as of January 1, 2019: __________

T-shirt size: _______________________ Youth  Adult  (circle one)

4-H Club: ____________________________

Name of Horse: _______________________________ Age of Horse: _________________

Size of Horse (in hands): _______________________ Sex of Horse: _____Gelding _____Mare

• No Stallions are allowed.
• All horses must have proof of 2019 Rabies vaccination and 2019 Negative Coggins Test
• All riders must wear a properly fitted ASTM/SEI approved helmet.
• Cost of the clinic is $65.00 for the weekend and must accompany this form.
• All applications must be at the Rutland UVM Office by April 15th.

Please make checks payable to “Rutland County 4-H Foundation.”

Mail: _______Application (pgs 6, 7) To: UVM Extension
       _______Letter of Suitability (pgs 3, 4) 2019 Horsemanship Clinic
       _______Copy of Coggins and Rabies 271 N. Main St.
       _______Payment Rutland, VT  05701

NOTE: If Coggins and Rabies are not available by the April 15th deadline, you MUST bring them with you on work night, May 8th. Work night is to prepare your stall, set up the grounds, and camping locations.

Clinic registration fees are NON-REFUNDABLE except in the case of a medical emergency of horse or rider.

You must supply food and bedding for yourself and your horse/pony. It is recommended that you attend the Rutland County Clinic to prepare for attendance with your horse/pony at the Vermont State Fair. It is important to support your county clinic.
Comments on your horse, including bad habits, items to work on:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

If your horse/pony must be stabled near another horse, please indicate that horse’s name and the rider’s name:
________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

What would you like to learn about, work on, or experience from your participation in clinic?
________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

Emergency/Risk Information

Veterinarian: ____________________________ Phone: ____________________________

Under Vermont Law, an equine activity sponsor is not liable for an injury to, or the death of, a participant in equine activities resulting from the inherent risks of equine activities that are obvious and necessary. Pursuant to 12 V.S.A. 1039
I hereby enter this clinic at my own risk. I agree to indemnify and hold harmless UVM Extension, the Vermont State Fair, Rutland County 4-H program, 4-H leaders, clinic instructors, and any clinic committee member for loss of, injury to, or damage to my horse, my equipment or myself.

___________________________________  __________________________________________
Signature Father/Guardian                Print Name

___________________________________  __________________________________________
Signature Mother/Guardian                Print Name

___________________________________  __________________________________________
Phone Number                             Phone Number

___________________________________  __________________________________________
Date                                     Date

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2019 RUTLAND COUNTY HORSEMANSHIP CLINIC
MINI-CLINIC REGISTRATION APPLICATION – HORSELESS/NON-RIDERS/CLOVERBUDS
SUNDAY, MAY 12TH – 10:00AM-3:00PM
DUE TO RUTLAND UVM EXTENSION OFFICE BY APRIL 15, 2019

For children unable to attend with a horse. These participants will be taken through the clinic grounds to see and to watch what the clinic involves. They will observe the different instructed classes and have some of their own activities, to include some riding time on Sunday afternoon.

Participant’s Name: ________________________________________________________________

Email Address: ____________________________________________________________________

Date of Birth: ___________________________ Age as of January 1, 2019: __________

T-shirt size: ____________________ Youth   Adult (circle one)

4-H Club: ____________________________

Horse Related Experience: ____________________________________________________________

What would you like to learn about or experience at clinic?
__________________________________________________________________________________
__________________________________________________________________________________

- All horseless participants must wear hard soled shoes or riding boots.
- Cost of the clinic is $20.00 for Sunday participation and must accompany this form.
- All applications must be at the Rutland UVM Office by April 15th.

Mail: _______Application (pg 8)   To: UVM Extension
       _______Payment                           2019 Horsemanship Clinic
                                          271 N. Main St.
                                          Rutland, VT 05701

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Signature Parent/Guardian  ___________________________ Print Name  ___________________________

Phone Number  ___________________________ Date  ___________________________

NOTE: Work night, May 8th is to help prepare and set up the grounds, and camping locations.

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