Winter Horse Camp

Horsey fun without the horses!

Friday and Saturday, January 3 and 4, 2020

Where: Blue Ribbon Pavilion, Champlain Valley Exposition, Essex Junction, VT

When: 5:30 p.m. Friday until 11:30 a.m. Saturday

Cost: $25 per member by December 6th; $35 if received December 7th to 13th

Registrations will not be accepted after December 13, 2019!

Scholarships are available to members in good standing and must be submitted by the registration due date. Link to application: https://www.uvm.edu/sites/default/files/4-H-and-Youth/chittenden_merit_scholarship.pdf

Attendees: All Chittenden County 4-H members whose 4-H age is 8 through 13 years old

Chaperones must be sanctioned 4-H Volunteers and do not have to pay.

Things to bring:

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

Tentative Schedule:

Friday, January 3

5:30 to 6:00     Arrive, register, set up
6:00 to 6:30     Dinner
6:30 to 7:00     Get acquainted activity
7:00 to 8:00     Horsey craft
8:00 to 8:30     Snack break
8:30 to 9:30     Horseless Horse Show

Saturday, January 4

Until 7:45     Get dressed and pack up
7:45 to 8:30     Breakfast
8:30 to 11:00   Activities/Skillathons
11:00 to 11:30  Evaluations/wrap-up

Included at the camp:

♦ Dinner and snack Friday evening
♦ Breakfast Saturday morning
♦ Supplies and materials
♦ Educational and fun activities
♦ Making new friends

To request a disability-related accommodation to participate in this program, please contact Rose Garritano at 802-651-8343 by December 13, 2019 so we may assist you.

www.uvm.edu/extension/youth
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Winter Horse Camp Registration

Registration Instructions:

- Fill out the requested information below.
- Fill out the health form (next page)
- Mail this sheet, payment, and the health form to:
  4-H Winter Horse Camp
  c/o Mary Fay
  PO Box 70
  Westford, VT 05494
- Include your check for $25 (for early bird registration before December 6, 2019) or a check for $35 (if mailed after 12/6 and received December 7-13, 2019).
- Checks should be made out to: Chittenden County 4-H Horse Program
- Scholarships are available to members in good standing and must be submitted by the registration due date. Link to application: https://www.uvm.edu/sites/default/files/4-H-and-Youth/chittendenMeritScholarship.pdf

4-Her’s Name: __________________________________________ Phone: ______________

Club: __________________________________________ Age of Camper: __________

Frequently checked Email: _______________________________________________________

List any:

- Dietary restrictions: ___________________________________________________________
- Accommodations needed: _______________________________________________________
  ___________________________________________________________________________

- Each club must have at least two sanctioned 4-H Volunteer Leaders in attendance who will be the official chaperons for the club. Chaperon(s) must be there for the entire event. Please check with your club leader(s) to see who your club chaperon(s) will be and after you find out who it will be write their name below.

Names of your chaperons: _______________________________________________________

__________
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:   ___________________________________________________

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 ________________________________

Check the diseases or vaccinations the member has had:

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

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 wear:

- Glasses
- Contacts

Does the member have any known allergies or sensitivities?

- Yes _________________________________________________________________
- No

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.

In case of emergency: Family physician:  _________________________________ Phone ___________________

Address:  ___________________________________ Insurance Name/Policy #  ___________________________

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