

# Horse Camp Registration Form

## Camper Information

## Horse Information

\_\_\_\_\_  
Camper name

\_\_\_\_\_  
Horse or pony name(s)

\_\_\_\_\_  
4-H Club

Stall preference for horse or pony :

Inside  Outside (Health issues)  Doesn't matter

\_\_\_\_\_  
4-H County

Will your horse be shared with another rider?  Yes  No

\_\_\_\_\_  
Parent or Guardian Name

If yes, Name of Camper sharing horse \_\_\_\_\_

\_\_\_\_\_  
Phone # During Camp

\_\_\_\_\_  
Email

Have you been to Waushara County Horse Camp before?  Yes  No

Check this box if you are camping without a horse (un-mounted only)

Check this box if you are horseless horse

Check this box if you are horseless horse but sharing a horse

Parent is interested in taking a ground manners class

First year campers, please describe prior horse experience. This will ensure you are signed up for the correct level of riding.

\_\_\_\_\_  
\_\_\_\_\_

## Choose your Horse Camp Schedule

Refer to the schedule of classes & descriptions. List your first, second, & third choices for each slot. If you are sharing with a horseless horse member, you may want to complete your forms together. List un-mounted selection as well as mounted selection. Classes are filled in the order applications are received. (Horses can only be ridden in 4 classes per day).

### Saturday -If you would like to audit the class please enter that :(Audit-Green horse)

Time Slot	First Choice	Second Choice	Third Choice
8:30-9:15			
9:35-10:20			
10:40-11:25			
1:30-2:15			
2:45-3:40			
4:00-4:45			

### Sunday -If you would like to audit the class please enter that (Audit-Trail)

8:30-9:15			
9:35-10:20			
10:40-11:25			
1:30-2:15			
2:45-3:40			

# Tuition and Enclosure Checklist

A complete Horse Camp application will include the following:

- Horse Camp Registration Form (one per camper)
- Tuition and Enclosure Checklist (this sheet)
- Volunteer sign up form
- Health/medical form (3 pages)
- Code of Conduct form (signed)
- Stall Card(s) (one per horse or pony)
- Camp Counselor application (if camper so desires and is over 13) Form sent upon request
- Horse Camp Food volunteer (one per family)
- Tuition: cash or check made out to **Waushara County 4-H Horse Association**

**All 4-H camper T-Shirts are a Free gift for campers (indicate size below).**

Additional T-Shirts are (\$7) youth-XL & (\$9) XXL (\$10) XXXL You may order shirts in these sizes:

Please indicate how many of each if more than one on the line.

Youth sizes: SM(6-8)\_\_\_ MD(10-12)\_\_\_ LG(14-16)\_\_\_

Adult sizes:  SM\_\_\_  MD\_\_\_  LG\_\_\_ XL\_\_\_  XXL \_\_\_ Other\_\_\_

**Total cost: \$\_\_\_\_\_ Total number of t-shirts (including cloverbud):\_\_\_\_\_**

In the following amount

### Waushara Co. 4-H members

- Camp Tuition (2 days).....\$75 \$\_\_\_\_\_
- Additional child(ren) in same family..... \$50.\$\_\_\_\_\_
- Saturday only or Sunday only (circle one).....\$40 \$\_\_\_\_\_
- T-shirts Y-XL @ \$7, XXL \$9, XXXL \$10.. .....\$\_\_\_\_\_
- Total.....\$\_\_\_\_\_

### Other Counties 4-H members

- Camp Tuition (2 days).....\$100 \$\_\_\_\_\_
- Additional child(ren) in same family.....\$75. \$\_\_\_\_\_
- Saturday only or Sunday only (circle one).....\$50 \$\_\_\_\_\_
- T-shirts Y-XL @ \$7, XXL \$9, XXXL \$10 .....\$\_\_\_\_\_
- Total.....\$\_\_\_\_\_

**If different county, please indicate name of Waushara County 4-H members if you know someone:**

\_\_\_\_\_  
Parent/Guardian: I hereby give permission for my son/daughter to participate in all activities of the 4-H Horse Camp. The managers are authorized to obtain medical care for my child or horse in the event of an emergency. I agree to hold the Waushara County 4-H Horse Association and Waushara County harmless for any illness or injury to horse or rider resulting from the activities of camp.

\_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2019

### Parent's signature

.CAMPERS: I agree to abide by the rules of Horse Camp and to follow the direction of the camp managers. I understand that I may be required to leave camp if I fail to abide by these rules.

\_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2019

### Camper's signature

**Mail the forms or deliver to: Nancy Kopach W13036 N Front Street Coloma, WI 54930 (early for the best class choice, but no later than May 20. Questions? Call 715-935-2240**

## Parent or Leader Volunteers Needed!

# We need you to make camp a success!

Please mark the shifts indicating when you will help at camp. If you choose arena help I will try my best to schedule you in the arena your child is riding in if you request that.

Parent or Leader name: \_\_\_\_\_

I can work the following shifts:

## FOOD

<input type="checkbox"/> <b>Saturday Breakfast</b>	<input type="checkbox"/> <b>Sunday Breakfast</b>	<input type="checkbox"/> <b>Snacks</b>
<input type="checkbox"/> <b>Saturday Lunch</b>	<input type="checkbox"/> <b>Sunday Lunch</b>	
<input type="checkbox"/> <b>Saturday Supper</b>		

## BARN

<input type="checkbox"/> <b>Help Saturday Morning</b>	<input type="checkbox"/> <b>Help Sunday Morning</b>	
<input type="checkbox"/> <b>Help Saturday Afternoon</b>	<input type="checkbox"/> <b>Sunday Afternoon</b>	
<input type="checkbox"/> <b>Help Saturday Evening</b>		

## DORM

<input type="checkbox"/> <b>Friday night camper check in</b>	<input type="checkbox"/> <b>Friday Night(Stay over night)</b>	<input type="checkbox"/> <b>Saturday Night(Stay over night)</b>
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## Saturday Arts and Crafts:

<input type="checkbox"/> <b>Morning</b>	<input type="checkbox"/> <b>Afternoon</b>	<input type="checkbox"/> <b>Evening</b>
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## Sunday Arts and Crafts:

<input type="checkbox"/> <b>Morning</b>	<input type="checkbox"/> <b>Afternoon</b>	
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## Arena

<input type="checkbox"/> <b>Saturday Morning</b> <input type="checkbox"/> <b>Saturday Afternoon</b> <input type="checkbox"/> <b>Arena Help Saturday Morning -Auditors*</b> <input type="checkbox"/> <b>Help Saturday Afternoon- Auditors*</b>	<input type="checkbox"/> <b>Sunday Morning</b> <input type="checkbox"/> <b>Sunday Afternoon</b> <input type="checkbox"/> <b>Sunday Morning-Auditors*</b> <input type="checkbox"/> <b>Sunday Afternoon-Auditors*</b>	<input type="checkbox"/> <b>Schedule me in my child's arena</b>  Child's name-
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**\*Volunteers Helping with Auditors will be placed by arenas where their child is riding or auditing Supervise Activities**

<input type="checkbox"/> <b>Friday Night</b>	<input type="checkbox"/> <b>Saturday Night</b>	
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**Schedule me wherever you need me**

**Thank You!**

## Horse Camp Food volunteer

Name \_\_\_\_\_

Phone number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

This year we plan to do all the shopping with the exception of a few home-made items that will make the camp menu even better. Please let me know if you can help make this happen by volunteering to make some of the following items:

Soup: Saturday lunch: Please bring one crock of soup by 11:00 to the 4-H food stand- We will be featuring toasted cheese and tomato soup and can use some additional varieties. Please indicate if you can make a crock of soup and what kind it would be.

What Kind? \_\_\_\_\_

Muffins: Saturday lunch: Please bring one or two dozen muffins to the camp by 11:00 Saturday afternoon. These will be put out with Saturday lunch. Please indicate how many muffins you can supply and the type of muffin.

\_\_\_\_\_

Salads: Saturday dinner: Please bring a bowl of your favorite salad-Potato, Cole slaw etc. Bring to the 4-H food stand by 4:00 P.M. Indicate what type of salad you can bring.

\_\_\_\_\_

Sheet Cakes: Sunday Lunch: Please bring a one layer cake, any size or flavor to the 4-H Stand by 11:00 Sunday morning. This will be the special treat for the last day.

What Kind? \_\_\_\_\_

\_\_\_\_\_

Please return this with your camp packet. Thank you for making this a great camp. If we have too many duplicates I will contact you, otherwise I will see you there.

Thank You,

Nancy Kopach- Camp Director

### **Wisconsin 4-H Youth Development Code of Conduct**

As a 4-H participant, I will:

- adhere to program rules, curfews, dress codes, policies, and rules of the facility being used.
- conduct myself in a courteous, respectful manner, use appropriate language, exhibit good sportsmanship, and provide a positive role model.

- comply with local, state and federal laws.
- abstain from use of alcohol, illicit drugs, and tobacco during 4-H events and activities.
- fully participate in scheduled activities and orientations.
- respect others' property and privacy rights.
- abstain from child abuse (physical, sexual, emotional and neglect), harassment, hazing and bullying.
- accept personal responsibility for behavior including any financial damage.
- adhere to safety rules.

Consequences for violating any part of this Code of Conduct may include, but are not limited to:

- removal from participation in the event in which the Code of Conduct has been violated (at the individual's expense).
- suspension of membership.
- sanctions on participation in future 4-H events.
- forfeiture or repayment of financial support for the event.
- removal from leadership positions held.
- loss of status as a "member in good standing."

It is the responsibility of all program participants to reinforce the code of conduct and intervene when necessary to enforce the rules. I have shared the code of conduct with my son, daughter or ward. We have read, understand, and agree to the above.

Member Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Address and phone where other family member or friend can be reached if parent or guardian is not available:**

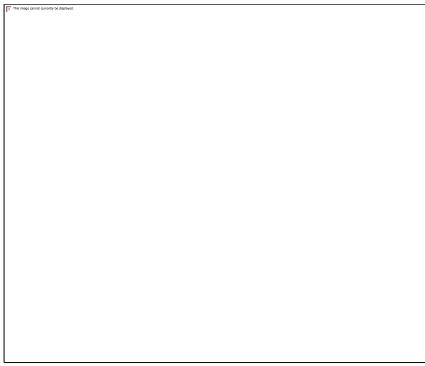
Name \_\_\_\_\_ Relationship to Camper \_\_\_\_\_

Address \_\_\_\_\_

Day phone (\_\_\_\_) \_\_\_\_\_ Night phone (\_\_\_\_) \_\_\_\_\_

Cell phone (\_\_\_\_) \_\_\_\_\_

**Stall Card**



Horse or Pony Name:	Age:
Breed:	Color:
Camper Name:	

### Horse Information

Temperature:	Pulse:	Respiration:
Veterinarian:	Phone numbers:	
Farrier:	Phone number:	
Horse owner name:	Phone number:	
Chaperone: Adult responsible for camper: Adult responsible for horse:	Phone number: Phone number:	
List any stable vices horse has:		