

# Ingham County MSU Extension ICHC 4-H Horse Camp June 18, 19, 20 and 21, 2019 @Ingham County Fairgrounds

For more information contact Laura McNeil call/text 517-795-7082 email: lauramcneil@rocketmail.com

The 2019 three day Camp will have an all new format, consisting of an all new line up of Clinicians and participation events. Participants will be grouped together based on chosen discipline and age / skill level.

Riding improvement instruction is offered for various levels of skill; walk-trot, through advanced. Disciplines offered are English Hunt Seat, Western, Gymkhana, and Dressage. Participants will choose one discipline and instruction level for the entire camp. Within the camp groups, additional demonstrations and information on horse care, horse behavior, training techniques and various other horse related topics.

Members of a recognized Michigan 4-H program, 8-19 years of age by January 1, 2019 may register. Non 4-H members also 8–19 yrs. are welcome but must pay an additional \$20.00 participation fee. Participants provide their own horse, tack, stall bedding and supplies and are required to care for their own horse during the three day stay at camp. Their horse must remain on the fair grounds for the entire camp. Participants are allowed to camp as long as there is a parent/guardian/ or leader present between 7pm and 7am with the participants in the camping area.

All 4-H rules apply at camp along with additional rules and guidelines listed in the registration packet.

THE CAMP COMMITTEE RESERVES THE RIGHT - IN THE EVENT OF LESS THAN MINIMUM NUMBER OF REGISTRATIONS REQUIRED TO MANAGE FINANCIAL RESPONSIBILITY, CAMP MAY BE CANCELLED AND FULL REFUNDS RETURNED.

Horse Camp Schedule
Tuesday, June 18th 4:00 PM — 8:00 PM Registration Check-in

Wednesday, June 19th, 7:00-6:00pm (All camp meeting at 8:00 am, day activities start at 9:00 am)

Thursday, June 20th, 7:00-6:30pm (All camp greet meeting at 8:45, day activities start at 9:00 am)

Friday, June 21<sup>st</sup>, 7:00 AM – 12:00 PM Morning activities, Closing Ceremony and lunch.

All Campers are asked to bring 1 PACKAGE OF COOKIES AT CHECK IN.

### 2019 ICHC 4-H Horse Camp Sponsored by the Ingham County Horse Committee

#### **General Information and Rules:**

#### PLEASE READ THIS INFORMATION CAREFULLY TO PREPARE FOR CAMP

Violation of camp rules could result in the camper and their animal being sent home.

- 1. Participants must be 8 years of age by January 1, 2019 and must belong to a recognized Michigan 4H club, or if not a 4H member, must have signed a waiver and participation fee.
- 2. If at any time a horse camp representative feels that a child is ill, a parent will be required to come to camp to attend to their child. There is a health form attached to this packet that must be filled out by a parent/guardian and returned with the registration and must be signed.
- 3. A negative 2019 Coggins must accompany the camp registration form.
- **4.** A light breakfast, lunch and dinner will be served on the grounds Wednesday and Thursday with breakfast and lunch on Friday. Parents may eat with their child, there will be a donation jar at the counter. There will be snacks and water available throughout the days. **If your child has food allergies, please indicate them on your health form.**
- 5. Please ride only your own horse and no riding double.
- 6. Riding Bareback is only permitted during specified bareback instruction time.
- 7. Any Non Scheduled Camp activities after 6:00pm must be supervised by a parent/guardian. This includes, but is not limited to, bathing and grooming of horses, stall cleaning and watching clinics. Camp staff is not responsible for campers after this time.
- 8. Ride only in designated areas. *Horses must be walked from the barns to the assigned rings*. Do not get on your horse until an instructor is present in your ring and your equipment has been checked. (IE helmet, tack)
- 9. All horses must be bridled with a bit when riding, except when using approved gymkhana equipment. If in question please see a camp staffer for clarification.
- 10. All campers must wear an ASTM-SEI approved helmet when riding, regardless of riding style.
- 11. Proper western or English riding footwear (with a ½" heels) must be worn around the horses at all times. No open toe shoes or bare feet allowed while handling any horse.
- 12. Horse's exhibiting obvious signs of illness or unsoundness may require a medical Clearance from a Vet before participating in camp
- 13. Two water buckets must be hung in each stall. The buckets must be hung chest high for the horse, and must be full when leaving for the night.
- 14. All horses should be stalled by 9:00pm
- 15. Barn Lights out at 10pm.
- 16. Participants may not leave the grounds from 7am to 6 pm
- 17. 4-H code of conduct must be followed by all campers and volunteers. Please see attached.
- 18. Stalls must be cleaned at the end of camp. Any fees charged by the fairgrounds for unclean stalls will be passed on to the camper assigned to the stall.
- 19. The care of your animal, i.e. water, feed, stall cleaning, cooling down the horse) is the **CAMPERS RESPONSIBILITY**. If at any time, a camp representative feels that a horse maybe ill, the owner will be called and will be required to come to camp and check on the animal. If it is deemed an emergency, the emergency vet contact from the stall card will be called.
- 20. Friends are discouraged from visiting participants during camp.
- 21. Dogs will be allowed. They must be on a leash at all times and have proof of license.

#### Michigan 4-H Code of Conduct

Participation in Michigan 4-H programs is subject to the observance of the program rules. Any participant who knowingly violates this Code of Conduct is subject to discipline, up to and including removal from the activity he or she is participating in (at his or her own expense) or the entire county 4-H program. Determination of disciplinary action shall be done with input from the volunteers and staff overseeing the program or activity. Final decisions about discipline will be made by the MSU Extension staff.

#### Michigan 4-H members will:

- Show respect for, and cooperate with, fellow members, volunteers and staff.
- Follow 4-H policies and procedures when participating in any 4-H sponsored event.
- Under no circumstances, commit or threaten violence toward any individual, group or the program.
- Under no circumstances, possess, sell or consume alcohol or possess, sell or use controlled substances at an MSU Extension 4-H youth activity or event.
- Under no circumstances, attend or participate in an MSU Extension 4-H youth activity or event under the influence of alcohol and/or controlled substances including tobacco, electronic cigarettes, etc.
- Under no circumstances, bring dangerous or unauthorized materials (such as explosives, weapons or similar items) to an MSU Extension 4-H youth activity or event.
- Abstain from harassment or bullying of another participant, volunteer or staff member (either in face to face interactions, through social media or other communication venues), particularly when the behavior is disrespectful or regards a person's gender, race, age, sexual orientation, religion, national origin, disability or appearance.
- Not cheat or falsely represent efforts related to 4-H project activities.

I have read and I understand the Michigan 4-H Youth Code of Conduct. I agree to abide by the rules stated above. I understand I may be removed as a participant from the activity or program, if I fail to follow these rules.

Camper Signature

# 2019 ICHC 4-H Horse Camp Registration form

## ONE PARTICIPANT PER FORM

Rider Name		λσρ (2s of I2n 1 2019)	
Address		st (as of jail 1, 2017)	
Parents Name	Home Phone		2.P
Club Name	County	Email	
_	r, includes camp t-shirt ncludes camp t-shirt ers, includes camp tshirt _nights = icipation fee	posit Due 6/1/19	795-7082
CAMP TEE SHIRT O	RDER FORM (1 TEE PR	OVIDED TO PARTICIPA	NT)
Youth: YS YM YL	•	lult: AS AM AL AXL	<b>,</b>
Extra Shirts Style: tshirt  Size			ve tshirt
Check Enclosed-Amount \$ Registration Form including 0 Health Form Negative Coggins Parent Volunteer Form Complete Riding Package Sele Make Checks payable to Ingham 0 Mail forms and required documentaura McNeil 4965 Baseline Rd Onondaga, MI 49264	Camp Deposit \$10 per can ection Form County Horse Committee		
PARENT/GUARDIAN SIGNATURE I I exempt and discharge the Ingham County fairgrounds and the 4H Cam other, or their property <u>including h</u>	County 4H Horse Commit p volunteers from any los	tee, Ingham County 4H Co s, damage, or injury to my	uncil, Ingham
Parent/Guardian Signature I agree that Horse Camp is a learnin my cooperation is required	ng experience. I have read	Date the information and rules	and understand
4H Members Signature		Date	



*PARTICIPANT NAME:					
*4H CLUB NAME					
STALL CARD EMERGENCY CONTACT INFORMATION					
OWNERS NAME	_				
Horse's Name	BreedAge				
Emergency Contact	Phone:				
	Phone:				
TYPE OF MOUNT:HORSE	PONY				
For Walk-Trot or beginner riders Please choose one of the two:					
English Walk/Trot	Western Walk/Trot				
1-Rail work	1-Rail Work				
2-Intro to Dressage	2-Intro to Western Dressage				
3-Intro to Jumping	3- Intro to Gymkhana				
4-Trail	4- Trial				
5-Showmanship	5- Showmanship				
For Intermediate and Advance Ride	rs Please select 4 of the following options:				
1. English Dressage	Choice 1				
2. Western Dressage	Choice 2				
3. Intro to Jumping	Choice 3				
4. Showmanship	Choice 4				
5. Reining					
6. Ranch style riding					
7. English Western Riding					
8. Gymkhana					
9. Trail					
10.Ranch Trail (obstacles)					

# MICHIGAN STATE UNIVERSITY COOPERATIVE EXTENSION SERVICE INGHAM COUNTY 4H YOUTH PROGRAMS

TO BE COMPLETED BY PARENT OR GUARDIAN OF MINORS PARTICIPATING IN DESIGNATED 4H PROGRAM ACTIVITIES: **ICHC 4-H HORSE CAMP JUNE 19 – 21, 2019** 

NAME OF MINOR		GENDER	BIRTHDATE
ADRESS	·		CELL#
PHONE # (HOME)	·	WORK#	CELL#
PARENT OR GUARDIAN NA	ME		
ADDRESS IF DIFFERENT TI	HAN CHILD 5:		
NAME AND PHONE OF EMI	ERGENCY CONTAC	T OTHER THAN PARE	NT
CELL PHONE #		HOME #	
NAME AND PHONE NUMBI	ER OF CHILD'S PHY	YSICIAN	
SPECIAL HEALTH CONSID about the health of a minor			<b>cessary)</b> If there are any questions ned by your physician.
1. Allergies and other	reactions to medica	ations or foods	
2. Special medical or d	ietary needs		
3. Any activity restrict	ions		
4. Current medications	s: Name of medicat	tion, reason for use, pre	escribed administration:
**** ALL MEDICAT			TAINER AND GIVEN TO THE
		AT REGISTRATION	
Does the camp staff	nave permissior	n to administer TYL	ENOL to your child if needed?
	•	YES NO	
T	II O C D I TI A I	MEDICAL	1 1 1 1
Insurance information			
			R NAME
POLICY NUMBER:		PHONE	
special health considerations above named minor. I unders leaders or the 4H office of the while participating in the acti	on this form. I will a tand the nature of the Cooperative Extens vities.	ssume responsibility for ne act ivies and risks invo ion Service responsible o edical treatment to be giv	n the above actives. I have indicated all any necessary medical expenses for the lved and I will not hold chaperones, f any injuries sustained by said member ven to the aforementioned minor in an gery)
DATE	PARENT/GUAI	RDIAN SIGNATURE	