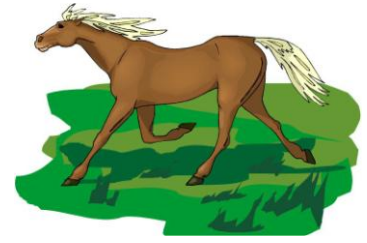


NEVADA COUNTY 4-H HORSE CAMP INFORMATION SHEET



Dear 4-H Horse Group Members and Parents/Guardians:

This is your Nevada County 4-H Horse Camp Application Packet. We are excited about our Nevada County 4-H Horse Camp this year on **Saturday, June 7th, 2025**, and look forward to your participation. Camp is open to all 4-H Horse Project members in Nevada County and surrounding counties. This year's camp is being held at the Penn Valley Rodeo Grounds located at 10531 Spenceville Rd, Penn Valley, CA 95946. The entry gate is located next to the Penn Valley Fire Department station.

There will be an application Deadline of Tuesday, May 13th, 2025 (with T-shirt) or May 29th (without T-shirt). Placement on the camp list is not guaranteed, therefore, it is important that you complete the Horse Camp Application Packet as soon as possible.

* There are limited camp scholarships for Nevada County 4-H'ers based on financial need. If interested, please email NevadaCounty4H.HorseProject@gmail.com.

The following **FIVE ITEMS** must be completed and returned before the 4-H member will be placed on the Horse Camp list:

1. **Application Form with an Authorization Section** with a signed Authorization section. Needs to be signed by the 4-H member and the parent/guardian.
2. **Horse Information Sheet** – this is a two-sided form and needs to be completed on both sides.
3. **Medical Treatment Form – Minor** with a **Health History Form** on the backside. **Both** sides need to be **completely** filled out and **signed** where indicated.
4. **California 4-H Code of Conduct Form.** Please read, sign, and return with application, keep a copy for yourself.
5. **Camp Fee. Please write a CHECK FOR \$120.00 (includes T-shirt) made payable to: Nevada County 4-H Council.**

The Schedule of Events and Things to Bring handouts are for you to keep.

➔ **DEADLINE** for Registration: **Tuesday, May 13th, 2025/May 29th, 2025 (without T-shirt)** ⬅

➔ T-Shirt orders **MUST** be in by **Tuesday, May 13th, 2025** ⬅

In order to meet the **CAMP FEE DEADLINE**, the completed paperwork and payment (**check, cash or money order**) must be **hand delivered or mailed (postmarked by the deadline date)** to the Nevada County 4-H office. Applications may also be scanned and emailed to jcsimmons@ucanr.edu

The address is: Nevada County 4-H Council
P.O. Box 2851
Grass Valley, CA 95945

NEVADA COUNTY 4-H HORSE CAMP APPLICATION FORM

NAME: _____

COUNTY/CLUB: _____

MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

Last level of Horse Mastership WRITTEN you completed (circle one): 0 1 2 3 4 5 6

Last level of Horse Mastership SKILLS you completed (circle one): 0 1 2 3 4 5 6

PLEASE CIRCLE THE ONE YOU PREFER TO RIDE: **Western** or **English**

T-SHIRT SIZE (circle one): **Child – S M L XL** or **Adult – S M L XL**

Note: You may order extra T-shirts for yourself and/or family members. On a separate sheet, please include your name, the size and quantity needed and an extra \$19.00 per T-shirt (must be pre-paid, check or money order made out to Nevada County 4-H Council)

→ T-Shirt orders **MUST** be in by **Tuesday, May 13th, 2025**

**Please put your name on every item you bring.
Nevada County 4-H will not be responsible for any lost or stolen items!**

AUTHORIZATION

AS THE PARENT OR GUARDIAN OF THE 4-H MEMBER ATTENDING THIS CAMP, I UNDERSTAND I AM SOLELY RESPONSIBLE FOR ANY CLAIMS, DAMAGES, OR LOSSES CAUSED BY OR TO THE HORSE TO THE ABOVE 4-H MEMBER. THE HORSE IS BROUGHT TO CAMP AT THE 4-H MEMBERS AND PARENT/GUARDIAN'S OWN RISK, AND IS SUBJECT TO ALL THE RULES AND REGULATIONS OF THE CAMP.

PARENT/GUARDIAN _____
(Signature)

DATE: _____

MEMBER _____
(Signature)

DATE: _____

NEVADA COUNTY 4-H HORSE CAMP
Horse Information Sheet
(All questions must be answered)

Members Name: _____ Club: _____

Name of the Horse you intend to bring to Camp:

_____ Horse's Age: _____

Owner of Horse: _____ Telephone: _____

In Case of An Emergency:

Vet's Name: _____ Telephone: _____

Second Choice Vet: _____ Telephone: _____

Shall the camp staff call any vet if necessary? Yes or No

Date of your horse's last vaccinations:

Tetanus: _____ Influenza: _____ Encephalomyelitis: _____

Date your horse was last dewormed: _____

Date your horse was vaccinated for west Nile virus: _____

Has the horse had any of the following problems?

Colic: Yes or No

Foundered: Yes or No

Choke: Yes or No

Lameness: Yes or No

If yes, explain: _____

Any other medical problems? _____

4-H Horse Information Sheet (continued)

Horses level of experience:

Used for Show: _____ Gymkhana: _____ Trail Riding: _____ Other: _____

Explain: _____

Does the horse shy or spook easily? Yes or No

If yes, explain: _____

Does the Horse: Kick _____ Buck _____ Rear Up _____ Run Away _____

Bite _____ Roll while being ridden _____ Strike _____ Pull back when tied

Other—Explain: _____

How often is this horse ridden by this 4-H member: _____

Has the horse ever been kept in a stall: _____

Does the 4-H member (circle one answer for each question):

Take care of the horse?	All the time	or	Sometimes	or	Never
Clean the stall?	All the time	or	Sometimes	or	Never
Feed & Water the Horse?	All the time	or	Sometimes	or	Never
Groom the Horse?	All the time	or	Sometimes	or	Never
Bridle the Horse?	All the time	or	Sometimes	or	Never
Saddle the Horse?	All the time	or	Sometimes	or	Never

Any other comments that you feel would help the camp staff assist this horse/4-Hmember combo:

For Nevada County 4-H Office Use Only
Please do not complete this page

Horse Camp Application Packet received on: _____

Horse Camp Application Packet was hand carried to the 4-H office:

Yes _____ No _____

If the Horse Camp Application Packet was not hand carried, please list the date of the postmark on the envelope: _____

Did the 4-H Member meet the criteria for **Final Registration**:

Yes _____ No _____

4-H Member's Horse Camp Application Packet—were the following items/criteria completed/met:

Item 1—Application Form/Authorization Form:	Yes	No
Item 2—Horse Information Sheet:	Yes	No
Item 3— Medical Treatment Form/Health History Form:	Yes	No
Item 4—California 4-H Code of Conduct Form	Yes	No
Item 5—Camp Fee:	Yes	No
Item 6—4-H Member added to Horse Camp Enrollment List:	Yes	No



Tentative Schedule of Events



08:00-09:00	Registration & Breakfast
09:00-09:15	Tack up
09:15-10:45	Session #1
10:45-11:00	Tack & Break
11:00-12:30	Session #2
12:30-2:00	Lunch with group games
2:00-2:15	Tack up
2:15-3:45	Session #3
3:45-4:00	Tack & Break
4:00-5:00	Dinner with awards
5:30-end	Evening Camper performance

Clean up, pack up & leave

Things to Bring

For Your Horse:

- _____ Riding equipment (saddle, bridle, blankets, pads, etc)
- _____ Halter and Lead Rope (please bring an extra just in case!)
- _____ Grooming tote with everything you need
- _____ Fly spray
- _____ Bucket for watering your horse
- _____ Feed for an afternoon/evening snack for your horse
- _____ Manure fork or shovel and a large garbage bag or suitable bucket to remove your horse's manure
- _____ Equine first aid kit

For Yourself:

- _____ Long riding jeans, boots (no lace up or chunk), and your astm/sei approved riding helmet (please bring extra padding if you have trouble fitting your helmet)
- _____ Sunscreen and a hat to wear when off your horse
- _____ Extra chairs, bottled water, and anything else that would make you comfortable during the day.
- _____ Any medication that is necessary for the day
- _____ First aid kit

Please note: unmounted members attending camp must wear boots and long pants.





Member Code of Conduct

(PAGE RETAINED BY THE 4-H MEMBER AND PARENT/GUARDIAN)

The 4-H Policy Handbook tells me my rights as a 4-H member, and the rules I have to follow. 4-H calls the most important rules for members the "Code of Conduct". When members follow the Code of Conduct, it helps keep 4-H safe and fun for everyone.

I will follow the 4-H Code of Conduct (rules) and I will:

1. Be nice, kind, helpful, and respectful to other 4-H members; and to adult volunteers, youth leaders, 4-H staff, and other adults in charge.
2. Be honest, honor my commitments, and accept responsibility for my choices.
3. Follow all health and safety requirements and guidelines related to 4-H activities, gatherings, projects, etc.
4. Use language that is respectful and kind. Not use curse words.
5. Not have or use alcohol, tobacco (like cigarettes, e-cigarettes, or chew) or other drugs (unless my doctor gives them to me).
6. Not bother or attack others, not carry or use a weapon; and not do anything else illegal or unsafe.
7. Know that adults can search my things (like my backpack) if they think I might have broken the 4-H rules.
8. Not touch anyone in a way that is too affectionate, and not engage in sexual behavior.
9. Follow the 4-H *Guidelines for Social Media*.
10. Not do things outside of 4-H that are harmful to anyone in 4-H or the 4-H program.
11. Follow the *California 4-H Dress Guidelines*.

While attending 4-H overnight events, I will:

1. Be in my room when I'm supposed to be there.
2. Not leave the grounds unless an adult in charge gives me permission, and only if there are two adults with me.
3. Only enter my own assigned sleeping area and will not invite any kids who aren't 4-H members into the sleeping areas.
4. Be responsible for any damage caused by my actions.
5. Follow all the rules for that event.

Consequences:

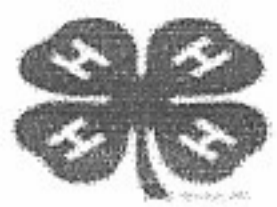
Anyone who sees someone break the Member Code of Conduct should tell the adult in charge right away. That adult will tell that member's parent or guardian. Consequences for breaking the 4-H rules may include:

1. Sending the member home.
2. Having the member meet with 4-H adults, talk about how the member can learn from what they've done, and decide what the member should do to make up for any harm done.
3. Charging the member (or their parents/guardians) for the cost of repairs to property that the member damaged.
4. Giving the member a warning, barring them from future events, suspending their membership, or terminating their membership.
5. Taking the member to the nearest law enforcement agency or other proper authority.

Participant Name (print)

Signature of Participant

Date



Youth Health History & Treatment Authorization Form - Print all information clearly. (page 1)
(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE, COPY SHARED WITH 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)

This Treatment Authorization is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

Dates Valid: **July 1, 2024 to December 31, 2025**

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER OR 4-H STAFF MEMBER, or in their absence or disability, any adult accompanying or assisting them, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes their activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Community Education Specialist (CES), 4-H CES Supervisor or the Statewide 4-H Director at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.

Member Information:

*Legal First Name _____ *Legal Last Name _____
*Date of Birth _____ *County _____

PARENT(S)/GUARDIAN(S)

Parent/Guardian 1			
*First Name		*Last Name	
*Phone			
Parent/Guardian 2			
First Name		Last Name	
Phone			

EMERGENCY CONTACT INFORMATION:

*First Name: _____ *Last Name: _____
*Relationship: _____ *Phone: _____

Health History:

***Allergies**

Does the participant have any allergies, including allergies to food, medications, and drug reactions?

Yes, details provided below ☐ No

Youth Health History & Treatment Authorization Form - Print all information clearly. (page 2)

(PAGE SUBMITTED TO AND RETAINED BY THE COUNTY 4-H OFFICE, COPY SHARED WITH 4-H CLUB/UNIT LEADER; SHRED AFTER PROGRAM YEAR)

Youth First and Last Name (Print)**Authorized Medications**

Please check over-the-counter medications that may be administered: (if available)

- | | | |
|---------------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Pain/fever reliever (ex. Tylenol) | <input type="checkbox"/> Allergy medication (ex. Benadryl) | <input type="checkbox"/> Motion sickness/nausea medication |
| <input type="checkbox"/> Antacid | <input type="checkbox"/> Cough Suppressant | <input type="checkbox"/> Anti-itch Cream |
| <input type="checkbox"/> Antibiotic ointment | <input type="checkbox"/> Decongestant | <input type="checkbox"/> Ibuprofen (ex. Advil) |
| <input type="checkbox"/> Other: (Provided by parent/guardian) _____ | | |

*Does the participant take any medications currently? ☐ Yes, details provided below ☐ No

Name of Medication	Dosage	Times Taken

Conditions**Does this participant have any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being? ☐ Yes, details provided below ☐ NoRemarks**

Does the participant need any additional assistance in order to participate in this program or activity?

Note: in some cases, a Doctor's note may be required to confirm the request.

☐ Yes, details provided below ☐ No

Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?

☐ Yes (If Yes, explain) ☐ No

Would you like to share any significant life or family events that will help us support the youth's current emotional state?

☐ Yes (If Yes, explain) ☐ No

Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?

☐ Yes (If Yes, explain) ☐ No

Are there any additional remarks and special instructions to better assist emergency service personnel?

☐ Yes (If Yes, explain) ☐ No**Immunizations (This section is only for members attending 4-H Camp. CA 4-H YDP does not collect information on vaccination status or history unless the youth member will be attending camp.)****Is the youth vaccinated for Tetanus?**☐ Yes ☐ No**If yes, provide date received:**

Please list all other immunizations received:

Immunization	Date Received

Youth Health History & Treatment Authorization - Print all information clearly. (page 3)

*Youth First and Last Name (Print)	
-------------------------------------------	--

Treatment Authorization: *Must select Consent or Non-Consent Option:☐ **AUTHORIZATION AND CONSENT AND RELEASE**

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

☐ **NON-CONSENT**

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life-threatening medical attention in the event of illness or accident.

*Parent/Guardian Full Name (Print)	
*Signature of Parent/Guardian (if youth is 18 years old, may sign for self)	*Date