



April 30, 2022

TO: Youth Ages 5-18 Interested in Attending the **West District 4-H Horsemanship Clinic**

FROM: Shannon Coleman, Extension Agent, 4-H Youth Development / Agent Advisor to WD 4-H Horse Clinic
(828) 837-2210 ext. 4 shannon_coleman@ncsu.edu

RE: **West District 4-H Horsemanship Clinic Mounted and Unmounted Registration Information**

A great opportunity for youth and horses is just in time for summer!

The West District 4-H Horsemanship Clinic will be held at the WNC Ag Center in Fletcher, NC on Monday, June 20 - Wednesday, June 22. You will receive professional instruction and have lots of opportunity to participate in horseback activities, a picnic, social time, and recreation for \$80.00.

This horsemanship clinic is designed for youth to increase their horsemanship knowledge and riding skills. Each child brings his/her horse. Throughout the three day clinic participants will receive instruction in riding classes by selected disciplines. Whether you are a beginner, intermediate, or advanced rider, this clinic has something to offer you!

This year for the first time we are offering a two-footed unmounted two day clinic experience. This is to allow our youth that participate in 4-H horse clubs or are interested in horses but do not currently have a horse of their own to bring to clinic. Check out the activities and days available for our two footed unmounted clinic!!

Participation priority will be given to current enrolled 4-H members. However, all youth are welcome to participate in the clinic. To attend, youth must be 5-18 years old (as of January 1, 2022). Each participant must have an accompanying parent or adult volunteer, (age 25 or older), with them throughout the entire clinic. Adults may chaperone more than one youth (if youth are age 8 or older) but must be available throughout the entire experience. Cloverbuds attending must be 5-7 years old (as of January 1, 2022) and MUST have a parent or guardian with them any time that they are handling a horse. Youth will be able to use 4-H Online to enroll in this event. You must mail in a paper copy of all the forms that are required to attend if utilizing 4-H Online Event enrollment. If you are filling out the packet information hard copies please return a completed packet by June 10, 2022.

Participants may register for one main riding discipline but will be given the opportunity to participate in another discipline if they choose. If you are riding in multiple disciplines you can bring up to 2 horses and you must bring appropriate saddles for each discipline you are riding in. Youth will get a scheduled time to ride in a second discipline if they choose.

On Wednesday, June 22, we will have cattle so the youth can learn about team penning. We will also have a dressage arena set up to work on dressage and we have two special guest that will be working with riders on obstacles.

Lodging will be on your own. Trailer/camper hookups are available for \$30/day. There are numerous hotels located in the area.

Check-in time will be Sunday, June 19, 2022 beginning at 7:30PM and Monday, June 20 from 6:30AM-8AM at the main McGough Arena. Please enter the Ag Center through **GATE 1**. Remember to **stop for a Coggins check before unloading your horse**. Schedule for each day will be posted at the registration desk. **Do NOT arrive before 7:30PM on Sunday as you will not be allowed to unload your horse.** **There will be a **MANDATORY** safety meeting each morning at 8:30 AM in the main arena for participants and parents.***

Tuesday evening we will have a picnic supper. The picnic is included with the registration fee for each of the paid participants. We are asking \$10.00 per guest. If you need extra meals for guests, please fill this information out on your registration form.

Horsemanship Clinic Coordinator: Robbie Denning, 4-H Horse Volunteer from Caldwell County



2022 HORSEMANSHIP CLINIC PACKET CONTAINS:

All participants mounted and unmounted will fill out all of the registration and release forms.

You can print off any form that you have filled out in 4-H Online if you are a current enrolled member of NC 4-H.

- Cover Letter(Page 1)
- Clinic Packet Contents(Page 2)
- West District 4-H Horsemanship Clinic Youth Registration Forms for Mounted and Unmounted Participants (Pages 3-5)
- Two-footed / Unmounted Clinic schedule(Page 6)
- Mounted Clinic Rough Schedule(Page 7)
- Riding Safety Headgear Policy(Page 8)
- Stable Management Sheet(Page 9)
- North Carolina 4-H Youth Enrollment (2 Pages)

Apply for 1 of 3 / \$100 scholarships to assist in your clinic fees. Check with a West District County 4-H Agent for an application. If you are applying for a scholarship, please do not send in any fees until you have heard if you have won. Scholarship winners will be announced by May 27 and applications are due by May 20.

RELEASE FORMS

- NC 4-H Youth Development Health History & Authorization Form (if you are a current 4-H member you will need to print this form off of 4-H Online and send in or just fill this one out) (3 pages)
- North Carolina 4-H Youth Development Program Liability Waiver, Assumption of the risk, Photo & Media Release, and Indemnification Youth Agreement (if you are a current 4-H member you will need to print this form off of 4-H Online and send in or just fill this one out) (2 pages)
- Transportation Authorization & Waiver Form(1 page)
- North Carolina 4-H Code of Conduct and Disciplinary Procedure (if you are a current 4-H member you will need to print this form off of 4-H Online and send in or just fill this one out) (3 pages)

RETURN DOCUMENT CHECKLIST

When sending applications, please make sure to fill out and return the following:

- 2022 Youth/Cloverbud Registration Form with parent and youth signatures (3 pages)(Pages 3-5)
- North Carolina 4-H Youth Enrollment(2 Pages)If you are enrolling in 4-H if not this form does not have to be returned.
- NC 4-H Youth Development Health History & Authorization Form **(if you are a current 4-H member you will need to print this form out from 4-H online and send in or just fill this one out)** (3 pages)
- North Carolina 4-H Youth Development Program Liability Waiver, Assumption of the risk, Photo & Media Release, and Indemnification Youth Agreement (2 pages)**(These can be printed off at your local NC Cooperative Extension Center from 4-H Online but must be available to our clinic secretary in paper form.)**
- Transportation Authorization & Waiver Form(1 page) **(These can be printed off at your local NC Cooperative Extension Center from 4-H Online but must be available to our clinic secretary in paper form.)**
- North Carolina 4-H Code of Conduct and Disciplinary Procedure (3 pages) **These can be printed off at your local NC Cooperative Extension Center from 4-H Online but must be available to our clinic secretary in paper form.)**
- Payment for the clinic

Youth packets are not considered complete unless all forms are returned completely filled out and signed where necessary and payment is included. Please be sure to include enough postage when mailing the packets.

Mail forms and fees to: Mary Ann Hoesch
349 Burchfield Road
Murphy, NC 28906

Please make our registration process as easy as possible by sending completed packets and payment to the address above.

DO NOT MAIL PACKETS AFTER JUNE 10, 2022!!

Contact Shannon Coleman if you have not mailed your packet by the deadline, (828)361-2591.

Please make checks payable to: 4-H West District Youth Horse Events



WEST DISTRICT 4-H HORSEMANSHIP CLINIC

June 20 – June 22, 2022

WNC Agricultural Center, Fletcher, NC

4-H YOUTH / CLOVERBUD REGISTRATION FORM (Page 1)

Mounted and Two Footed Unmounted Registration

POSTMARK NO LATER THAN June 10, 2022

DO NOT MAIL PACKETS AFTER JUNE 10 2022!!

Contact Shannon Coleman if you have not mailed your packet by the deadline, (828)361-2591.

Name of Youth: _____ Birth Date: _____ Age (as of 1/1/22): _____

Address: _____

City _____ State _____ Zip _____

Telephone: (Daytime) _____ (Evenings) _____

(Where parents can be reached if they are not your responsible adult named below)

Email address required for registration confirmation _____

Name of Parent/Guardian supervising you throughout the Clinic: _____

Your location at night: _____ Telephone Number: _____

(In case there is a problem with your horse and we need to reach you quickly)

☐ I am participating in the Two-Footed Unmounted Clinic only and I am not riding a horse. (You will not have to answer questions about what horse you are riding.)

Are you currently enrolled in your county 4-H program? Yes ☐ No ☐

Name of 4-H leader: _____

County: _____ Name of Horse: _____

Do you plan to attend the Picnic on Tuesday evening? Yes ☐ No ☐

Do you have special diet requirements (vegetarian, vegan, food allergies): _____

(The participants back number will be their ticket to the meal)

How many guests will be attending excluding the participant (clinic cost includes 1 ticket for participant; all others attending are asked to pay \$10.00 each.)

I am a Two-Footed/Unmounted Clinic participant and will be attending the Picnic. Yes ☐ No ☐

Total Guests Attending Picnic (not including clinic rider or two-footed unmounted participant): _____

Current Negative Coggins test REQUIRED

Keep the original Coggins with your horse, it will be checked upon entering the Ag Center!

Participants are required to wear long pants, boots with a functional heel, and ASTM/SEI certified helmets

Dress code will be per 4-H guidelines.

ALL IN ATTENDANCE PLEASE DRESS APPROPRIATELY TO SET A GOOD EXAMPLE

Will you be arriving Sunday night? *Yes _____ No _____

***YOU MUST ARRIVE BETWEEN THE HOURS OF 7:30PM & 10:30PM SUNDAY NIGHT. NO** horses are to be unloaded before 7:30 PM. If you have an issue, such as mechanic problems, and cannot arrive by 10:30PM please contact, Shannon Coleman, at 828-361-2591.

Important details: Stalls must be thoroughly cleaned and checked by clinic volunteer before you leave. Please be checked out by 6:00PM, Wednesday, June 22. **You will be charged an additional \$30.00 fee for leaving an unclean stall.**

RV hookups and bathrooms/shower are available on the grounds. For more information, call Shannon Coleman, 828-361-2591.



**West District 4-H Horsemanship Clinic
June 20 – June 22, 2022
WNC Agricultural Center, Fletcher, NC
4-H YOUTH / CLOVERBUD REGISTRATION FORM (Page 2)
Rider & Horse Information
Mounted & Two-Footed Unmounted Clinic**

Circle first choice:

Hunt Seat Western/Ranch Non-Trotting Speed Cloverbud(Ages 5-7) Novice/Beginner

☐ I am participating in the Two-Footed Unmounted Clinic.(You will not have to answer about what horse you are riding.)

Write in second choice in case first choice is full and/or your second riding discipline:

Riders will be able to visit a second choice discipline but must bring an appropriate saddle or saddles for that riding discipline. If you are riding in the Hunt Seat discipline and would like to ride in the Western/Ranch or Speed disciplines then you would need to bring a Western saddle. If you are riding in the Western/Ranch discipline and want to ride Hunt Seat then you would need to bring a Hunt Seat saddle.

In filling out this application, be as complete as possible and feel free to attach additional pages as necessary.

Name: _____ County: _____ Age: _____

Horse's Name (that you will be bringing): _____ Horse's Age: _____

Years owning/leasing the horse that you are bringing?: _____

How many years have you shown your horse?: _____

What is your primary activity with your horse?: _____

Is this horse?: Well broken _____ In training _____ Green/Intermediate _____

Did you attend Horsemanship Clinic in 2018, 2019, or 2021? YES _____ NO _____

If yes, in what main division and year? _____

Name and phone number of the chaperone/ leader accompanying you during the Clinic:

Chaperone's Name: _____ Phone Number: _____

How often do you ride your horse while preparing for events? (#Days/Week): _____

Explain any previous riding instruction you have received: _____

Why do you want to attend the horsemanship clinic and how to you plan to use the knowledge you gain?

Please list training needs for your horse that you are bringing, what you would like to gain from the clinic:

I verify that the information provided above is an accurate reflection of this child's experience with the horse listed.

Child's Signature

Date

Parent/Guardian's Signature



West District 4-H Horsemanship Clinic, June 21 – June 23, 2021
WNC Agricultural Center, Fletcher, NC
Mounted & Two Footed Unmounted Participants
4-H YOUTH / CLOVERBUD REGISTRATION FORM (Page 3)

	COST	QTY	TOTAL
Non-refundable Entry Fee for youth with horses:	\$80 each	_____ @ \$80 =	_____
Fill out same forms but pay this amount for additional family members (\$70 for each additional youth within the same family)	\$70 each	_____ @ \$70 =	_____
Name of other youth riding in the family to receive discount			
Late fee (per entry if postmarked after 6/10/22)	\$25 each	_____ @ \$25 =	_____
I am participating in the Two-Footed Unmounted Clinic	\$30 total	_____ @ \$30 =	_____
(For two-footed unmounted riders) Parents that stay do not pay unless staying for picnic.			
I am staying for the Tuesday night picnic as an Two-footed Unmounted Rider			
	Yes _____	No _____	
Camping fee for Trailer/RV Hook-up	\$30 per day	_____ @ \$30 =	_____
Cattle participation fee	\$20 per person	_____ @ \$20 =	_____
Shavings: Pre-order shavings here! Shavings will be available Sunday PM- Tuesday. You must go to registration to get shavings.			
	\$7 per bag	_____ @ \$7 =	_____
Tuesday Night Picnic Guests(Mounted and Unmounted) (participant paid with registration)	\$10 per person	_____ @ \$10 =	_____
TOTAL Paid:			_____

Please make check payable to: **4-H West District Youth Horse Events**

DO NOT MAIL PACKETS AFTER JUNE 10, 2022!!

Contact Shannon Coleman if you have not mailed your packet by the deadline, (828)361-2591.

Mail forms and fees to:

Mary Ann Hoesch
 349 Burchfield Road
 Murphy, NC 28906

Any returned checks will be charged a \$20 service charge or greater depending on the bank charges incurred.

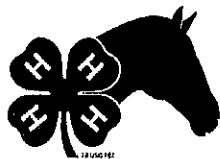
Equipment and horses are not insured against loss or damage. Any loss or damage to equipment or injury to the horse or rider/volunteer is at the owner/parent/volunteer risk and expense.

As the parent/guardian of the youth participant who will attend the West District 4-H Horse Clinic, I do fully understand the liability policy under which the clinic will operate and do hereby give my consent for my child to participate in this clinic under these conditions.

I have read the *4-H Code of Conduct and Disciplinary Procedure* for 4-H events/activities and agree to abide by it (for participants). In addition, I agree to refrain from using cell phone or text messaging during all three days of clinic programs as a sign of respect for the instructors and other participants.

Parent Signature: _____ Date: _____

Youth Signature: _____ Date: _____



West District 4-H Horse Clinic
Two-Footed Participant Activities
June 20th and 21st at the WNC Ag Center Arena

Welcome to our 2022 West District 4-H Horse Clinic - Two Footed Activities. If you love horse and want to learn all about what it is like to care for them, this two day experience is for you. You will be hands on with horses in the very first hour. Come learn about how to care for horses, what they eat, all about different types and get hands on practice on how to work with them. Here is an schedule of events:

Day 1 - Monday June 20th

- 9:00 Meet at the WNC AG Center McGough Arena - Check in get back number-Safety talk and overview about the day
- 9:15 Meet the horses - petting time, learn how to lead a horse
- 9:30 Get out the brushes - learn how to groom horses
- 10:30 Snack
- 10:45 Tour the different arenas and learn about different styles of riding
- 11:30 Feed the horses - talk about nutrition, good/bad hay, salt, water
- 12:00 Bring a Bagged Lunch
- 12:30 Craft
- 1:30 Leading practice, lead horses over a fun leading obstacle course
- 2:30 Mane and tail braiding
- 3:00 Look at different types of tack - learn how to clean tack
- 4:00 Parents pick up - kids take parents to meet the horses

Day 2 - Tuesday June 21st

- 9:00 Meet at the arena - talk about the previous day
- 9:15 Go to the barn - groom horses, leading practice, fun leading obstacle course
- 10:30 Snack
- 10:45 Look at different types of horse breeds
- 11:30 Clean stalls, feed horses
- 12:00 Bring a Bagged Lunch
- 12:30 Craft
- 1:30 How to measure a horses height with a stick and weight with a weight tape
- 2:30 Walk around and visit different styles of riding
- 3:30 Horsebowl "competition" about what we have learned the past two days
- 4:00 Parents pick up - opportunity to take pictures with the kid's favorite horse
- 6:00 Clinic picnic - youth ticket is back number, adult tickets are \$10 each

Other Information:

- Cost: \$30 per child for two days of activities and snacks, lunch is not included
- You must be enrolled in NC 4-H and sign our release forms for youth to participate
- Parents may stay or leave youth for the day (we will have a 4 to 1 youth/adult ratio)(Parents do not pay if they stay unless they want to eat with the group at the picnic and they must bring their own lunch.)
- Please wear long pants and sturdy closed toed shoes (no crocs) - do not be surprised if these shoes come home very dirty

To register: Fill out the clinic registration form with the box checked for Two-Footed Unmounted Participant, & the NC 4-H forms if you cannot print them from 4-H Online: Health History & Authorization Form; Liability Waiver, Assumption of the risk, Photo & Media Release, and Indemnification Youth Agreement; Transportation Authorization & Waiver Form; & Code of Conduct and Disciplinary Procedure. You can also enroll in NC 4-H through this packet.

For more information please contact Tammara Talley at 828-349-2226 or tammara_cole@ncsu.edu



West District 4-H 3 Day Horsemanship Clinic

Mounted Riders Rough Schedule

June 19-22, 2022

Sunday- June 19

- Participants and horses check in from 7:30PM-10:30PM
- Lights in barns out at 11PM

Monday-June 20

- Volunteers, agents, and clinicians meeting at 8:00AM
- 8:30AM--Youth Safety Meeting
- 9:30AM--Youth ride
- 11:30PM-1:00PM--Lunch Break **NO RIDING DURING THIS TIME**
- 1:00PM-5:00PM Youth Riding with instructors(During this time youth may ride in a second discipline during their appointed times per clinicians)
- 11PM—Lights out in Barns

Tuesday-June 21

- 8:30AM- Youth Safety Meeting
- 9AM-11:30PM-Youth Riding with instructors
- 11:30PM-1:00PM--Lunch Break **NO RIDING DURING THIS TIME**
- 1:00PM-5:00PM Youth Riding with instructors(During this time youth may ride in a second discipline during their appointed times per clinicians)
- 6:00PM—Picnic for Youth and Parents
- 7PM--?—Horseless Games
- 11PM—Lights out in Barns

Wednesday-June 22

- 8:30AM--Youth Safety Meeting and Clinic Evaluations
**CHECK OUT IS STARTS WHEN PARTICIPANT IS FINISHED RIDING FOR THE DAY
OR ADULT CHAPARONE SAYS BUT MUST BE COMPLETED BY 6:00PM**
- 9:00AM-12:00PM Team Penning and Sorting McGough Arena
- 9:00AM-12:00PM Horses and Obstacles Outside Covered Arena
- 9:00AM-12:00PM Dressage Outside Uncovered Arena
- 12:00PM-1:30PM--Lunch Break--**NO RIDING DURING THIS TIME**
- 1:30PM-4:00PM Team Penning and Sorting McGough Arena
- 4:00PM—6:00PM Complete checkout process. Stalls must be clean and no horses are to be left on grounds for a late pickup. Before leaving anything at the Ag Center for late pickup check with a 4-H Agent to see if it will be a problem

Stalls must be thoroughly cleaned and checked by clinic volunteer or extension staff before you leave. Please be checked out by 6:00PM, Wednesday, June 23.

You will be charged an additional \$30.00 fee for leaving an unclean stall.

Have a safe trip home!



Stable Management

Proper stable management is critical for success during the 3-day horse clinic. In preparation for success, we would like to give you a few suggestions of appropriate horse care. We will be having the **Golden Shovel** award again this year. The categories that each participant should consider are as follows:

- **Bedding** - bedding should be substantial and clean, as to provide a comfortable resting space for your horse. It is suggested to use at least 3 bags of shavings when you initially bed your stall and replace with approximately one bag daily.
- **Water** - a minimum of 2, 5-gallon buckets kept clean and full.
- **Salt** - should be provided at free choice or be explained on stall card if you choose to feed in water or feed. Salt blocks or electrolytes can be purchased at feed and tack stores. If you currently are not offering salt or electrolytes as part of your daily feeding regimen then you may not want to start at clinic.
- **Hay** - If a hay net/bag is used, it should be hung 4 feet from the stall floor for horses and 3 feet for ponies. *Hay fed from the ground is recommended*
- **Emergency Information** - should include horse's name, owner's name, phone number, overnight location, veterinarian, and veterinarian's phone number
- **Horse Condition** - horse should be in appropriate weight and condition as well as properly cooled and groomed after each ride. This means no sweat marks! It is recommended that you have your horse trimmed or shod a week before the clinic. A farrier is not available through the clinic.
- **Barn** - should be kept free of obstacles and tidy

Some Recommended Equipment to Bring to Clinic

- 2 / 5-gallon water buckets
- 1 feed bucket
- 1 salt holder (if block is used)
- Salt block or electrolytes(if used at home)
- Double ended snaps
- Bucket hooks
- Water hose and spray nozzle
- Wheelbarrow
- Muck bucket(if not bringing a wheelbarrow something with wheels on it is handy)
- Manure fork
- Shovel (helps when stripping stalls)
- Sponge
- Hay net (if used)
- Feed (pack extra!)
- Hay (pack extra!)
- Grooming equipment including sweat scraper
- Extra halter and lead rope
- Box fan (comfort of horse- not required)
- Bungee cords to hold fan
- Extension cord
- Saddle or saddles if riding different disciplines
- Extra Saddle Pads your horse will sweat
- Girth/Bridle



I -F.23. Riding Safety Headgear Policy

The North Carolina Cooperative Extension Service 4-H Horse Program ("the 4-H Program") requires all riders to wear protective headgear that meets or surpasses current applicable ASTM (American Society for Testing and Materials)/SEI (Safety Equipment Institute) standards while riding during all County, District and State 4-H Horse Program sponsored events and activities. This headgear must be properly fitted, properly worn on the top of the head, and worn with the harness securely fastened. Events and activities covered by this Rule include, but are not limited to: 4-H Horse Shows, 4-H Horsemanship Camps, 4-H Trail Rides, and 4-H Horse Drill Teams. The term "riding" as used in this Rule (I-F.23) shall refer to the riding or driving of a horse or pony in a 4-H sponsored event or activity. The term "rider" as used in this Rule refers to a person engaged in riding.

The 4-H Horse Program and the show committees, officials, judges, extension personnel and volunteers associated with the 4-H Horse Program shall enforce this Rule during 4-H Program events and activities. Any rider violating this rule will be immediately prohibited from further riding, and shall be barred or disqualified from the event or activity in which the rider is engaged at the time of the violation.

It is the responsibility of the rider, and the parent or guardian of the rider, to confirm that the headgear worn by the rider complies with safety standards set forth above; is properly fitted, fastened, and worn; and is in such a condition that it would protect the rider in the case of an accident. The 4-H Horse Program and the show committees, officials, judges, extension personnel and volunteers associated with the 4-H Horse Program are not responsible for checking headgear worn by riders for compliance with this Rule.

The 4-H Horse Program makes no representation or warranty, expressed or implied, concerning the headgear worn by any rider during a 4-H Program sponsored event or activity. In particular, the 4-H Program makes no representation or warranty concerning the safety performance of any headgear worn by any rider. The 4-H Program cautions riders that death or serious injury may result despite wearing such headgear as all equestrian sports involve inherent dangerous risk and as no headgear can protect against all foreseeable injuries.

Reminder

Approved safety helmets are required in ALL 4-H horse riding events and activities. Refer to the helmet rule in the clinic packet for specifics.

****NOTICE****

For everyone's safety and convenience--please
DO NOT park trucks and trailers next to or between the barns.

If you are camping in your trailer, there are camping spots available. Thank you.

Notes on hook-ups:

Absolutely no drop cords can be run to a trailer unless you are paying for a RV spot. Outlets in the barns are for fans and items for inside your stall.



North Carolina 4-H Youth Enrollment

(Paper Form)

The North Carolina 4-H Youth Development Program utilizes an "online" enrollment and registration system called 4-HOnline 2.0. Enrollment and Registrations should be completed online via the 4-HOnline 2.0 system. Paper copies are only allowed if an individual / family lacks internet access and or if English is a secondary language for the individual / family and usage of a translated paper version is preferred. NC 4-H Collects demographic information as part of our state and federal reporting procedures. *Paper forms will be manually entered into the 4-HOnline 2.0 system by the local 4-H program staff.

Year: _____ County: _____

FAMILY PROFILE INFORMATION

Email: _____ Family Name: _____

Mobile Phone Number: (____) _____

Address: _____
Street Address City State Zip Code

YOUTH MEMBER INFORMATION

Youth Member Name: _____
First Middle Last Preferred (if needed)

Date of Birth: _____ Years in Program: _____

Gender: ☐ Female ☐ Male ☐ Gender Identity Not Listed ☐ Prefer Not to Answer

Grade in School: _____

Residence: ☐ Farm ☐ City over 50,000 people
☐ Town under 10,000 people or rural non-farm ☐ Suburbs of city over 50,000 people
☐ City 10,000-50,000 people

Are you of Hispanic or Latino ethnicity? ☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Prefer Not to State

Race:

☐ White ☐ Asian
☐ Black or African-American ☐ Balance (other combinations)
☐ American Indian or Alaska Native ☐ Prefer Not to State
☐ Native Hawaiian or other Pacific Islander

Emergency Contact: _____ / _____
Full Name Relationship to member

Contact Phone: _____ Contact Email: _____

Parent or Guardian 1: _____ Phone Number: (____) _____
First Name Last Name

Parent or Guardian 2: _____ Phone Number: (____) _____
First Name Last Name

School Name: _____

School Type:

- | | |
|--|---|
| <input type="checkbox"/> Charter School | <input type="checkbox"/> Public School |
| <input type="checkbox"/> Homeschool | <input type="checkbox"/> Special Education |
| <input type="checkbox"/> Magnet / Specialized School | <input type="checkbox"/> Vocational Education |
| <input type="checkbox"/> Private School | |

Military Affiliation:

- | | |
|---|--|
| <input type="checkbox"/> I have a Family Member Serving in the Military | <input type="checkbox"/> I have a Sibling who is Serving in the Military |
| <input type="checkbox"/> I have a Parent Serving in the Military | <input type="checkbox"/> No one in my family is serving in the Military |
| <input type="checkbox"/> I have a Parent Who Retired from the Military | |
| <input type="checkbox"/> I have a Parent who Served in the Military | |

Branch of Service (if applicable):

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Air Force | <input type="checkbox"/> Marines |
| <input type="checkbox"/> Army | <input type="checkbox"/> Navy |
| <input type="checkbox"/> Coast Guard | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> DOD Civilian | |

Branch Component (if applicable):

- | | | | |
|--------------------------------------|---|-----------------------------------|---|
| <input type="checkbox"/> Active Duty | <input type="checkbox"/> National Guard | <input type="checkbox"/> Reserves | <input type="checkbox"/> Not Applicable |
|--------------------------------------|---|-----------------------------------|---|

Custody Release: You may be asked to present photo ID at check-out. This is for the participant's safety. Please be aware of this policy before picking up the participant. I hereby give permission for this participant to be allowed to leave the 4-H program after the activity; and if it is necessary for the participant to leave before the end of the program due to illness, injury, or behavioral issues; I hereby give permission for the participant to be released into the custody of:

Member's T-Shirt Size:

- | | | |
|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large |
| <input type="checkbox"/> Adult XL | <input type="checkbox"/> Adult 2XL | <input type="checkbox"/> Adult 3XL |
| <input type="checkbox"/> Adult 4XL | <input type="checkbox"/> Youth Small | <input type="checkbox"/> Youth Medium |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Youth XL | |

**This information is required for all federally assisted programs and is solely used for the purpose of determining compliance with Federal civil rights laws; your responses will not affect consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.*

For office use only

4-H Membership # _____

Date Entered: _____

North Carolina 4-H Youth Development Youth Health History & Authorization Paper Form



Member Name: _____
First Name Last Name Middle Initial Preferred Name (if needed)

Birth Date: ____/____/____

HEALTH HISTORY

The following information should be completed by the parent/guardian, or adult. The intent of this information is to provide NC 4-H the background to provide appropriate care and to assist health care personnel in the case of an emergency. Any changes to this form should be provided to NC 4-H. The 4-H Health History form is **required annually**. Provide complete information so that the NC 4-H can be aware of your needs.

Note: Youth who register to attend a "Residential 4-H Camp" must have a health exam completed by an approved licensed medical personnel within 24 months of camp participation and submit the completed "Health Care Recommendations by Licensed Medical Personnel for 4-H Camp Participants form."

EXPOSURE: Has the participant previously had:

Chicken Pox: ☐ Yes ☐ No Measles: ☐ Yes ☐ No Tuberculosis: ☐ Yes ☐ No

List Any Other Infectious Exposure (if yes, provide details): ☐ Yes ☐ No

VACCINATIONS

Date of last Flu Shot: _____ Date of last Tetanus Shot: _____

CARE: Please complete this section with the participant's medical and dental physician information. *This information will only be utilized if there is a medical / dental emergency.

Primary Physician Name: _____ Primary Physician Phone: (____) _____

Clinic Address: _____

Dentist Name: _____ Dentist Phone: (____) _____

REMARKS: List any adaptations needed due to a disability (explain "yes" answers). ☐ Yes ☐ No

HISTORY: Does this participant's medial history include any of the following (explain "yes" answers):

Acute Chronic Illness: ☐ Yes ☐ No Concussions: ☐ Yes ☐ No Activity Restrictions / Limitations: ☐ Yes ☐ No

Had a recent injury, illness or infectious disease: ☐ Yes ☐ No Ever been hospitalized or had surgery: ☐ Yes ☐ No

HEALTH INSURANCE: The 4-H program purchases insurance for youth participants for many sponsored events. This coverage is not a substitute for personal health insurance, and may not cover all accident or medical expenses. Therefore, medical providers may find it necessary to bill the family or your insurance company for medical services rendered. Please provide the following information:

Company Name: _____ **Policy / Group Number:** _____

CONDITIONS: Has or does the participant:

Have ADD-ADHD? ☐ Yes ☐ No

Have Arthritis? ☐ Yes ☐ No

Have Asthma? ☐ Yes ☐ No

Ever had back problems? ☐ Yes ☐ No

Ever had Joint problems? ☐ Yes ☐ No

Have Diabetes? ☐ Yes ☐ No

Ever had Frequent Infections? ☐ Yes ☐ No

Have a history of Bed Wetting? ☐ Yes ☐ No

Ever Been Dizzy / Passed Out During or After Exercise? ☐ Yes ☐ No

Have Frequent Headaches? ☐ Yes ☐ No

Ever been diagnosed with a Heart Murmur? ☐ Yes ☐ No

Have Hypertension? ☐ Yes ☐ No

Had Mumps? ☐ Yes ☐ No

Have frequent Nose Bleeds? ☐ Yes ☐ No

Ever had a Mental Disorder? ☐ Yes ☐ No

Have Skin Problems? ☐ Yes ☐ No

List any Program Activity Restrictions or Limitations (e.g., what cannot be done, what adaptations or limitations are necessary.)

☐ Yes ☐ No Explain "yes" answers.

Have Anxiety? ☐ Yes ☐ No

Have Asperger's? ☐ Yes ☐ No

Ever had an Auto-Immune Disease? ☐ Yes ☐ No

Ever had Chest Pain During or After Exercise? ☐ Yes ☐ No

Ever had Convulsions or Seizures? ☐ Yes ☐ No

Ever had Dizziness During or After Exercise? ☐ Yes ☐ No

Ever had an Eating Disorder? ☐ Yes ☐ No

Ever had a Head Injury? ☐ Yes ☐ No

Had Hepatitis A, B or C? ☐ Yes ☐ No

Had Mononucleosis in the past 12 months? ☐ Yes ☐ No

Ever had a Nervous Disorder? ☐ Yes ☐ No

Sleep Walk? ☐ Yes ☐ No

Have Migraines? ☐ Yes ☐ No

Have Stomach Problems? ☐ Yes ☐ No

DEVICES:

Wear Contact Lenses? ☐ Yes ☐ No

Wear Glasses or Protective Eye-Wear? ☐ Yes ☐ No

Inhaler (provide details)? ☐ Yes ☐ No

List Any Other Devices (provide details)? ☐ Yes ☐ No

Epi-Pen (provide details)? ☐ Yes ☐ No

Hearing Aid? ☐ Yes ☐ No

ALLERGIES: Please list known allergies here:

Aspirin ☐ Yes ☐ No

Insect Stings ☐ Yes ☐ No

Dairy ☐ Yes ☐ No

Eggs ☐ Yes ☐ No

Gluten ☐ Yes ☐ No

Nuts ☐ Yes ☐ No

Peanuts ☐ Yes ☐ No

Penicillin ☐ Yes ☐ No

Shellfish ☐ Yes ☐ No

Soy ☐ Yes ☐ No

Sulfa ☐ Yes ☐ No

Sunscreen ☐ Yes ☐ No

Tetanus Vaccine ☐ Yes ☐ No

Wheat ☐ Yes ☐ No

List any additional allergies here: ☐ Yes ☐ No

List any other Dietary Considerations here: ☐ Yes ☐ No

AUTHORIZED MEDICATIONS: The following over-the-counter, non-prescription, medications can be administered to my child, without contacting me.

Acetaminophen ☐ Yes ☐ No

Antacid ☐ Yes ☐ No

Antibiotic Ointment ☐ Yes ☐ No

Antihistamine ☐ Yes ☐ No

Aspirin ☐ Yes ☐ No

Ibuprofen ☐ Yes ☐ No

Imodium ☐ Yes ☐ No

Pepto Bismol ☐ Yes ☐ No

Insect Bite /Sting Medication ☐ Yes ☐ No

Insect Repellant ☐ Yes ☐ No

Sunscreen ☐ Yes ☐ No

MEDICAL RELEASE

This health history is correct and complete as far as I know. The person herein described has permission to engage in all 4-H activities except as noted. I hereby give permission to the North Carolina 4-H Youth Development Program to administer authorized / prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes. I give permission to the North Carolina 4-H Youth Development Program to arrange necessary related transportation for the person herein described.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by North Carolina 4-H Youth Development Program to secure and administer treatment including hospitalization, for the person herein described. This completed form may be photocopied for trips out of county or state.

Member Name: _____

Parent / Guardian Name: _____

☐ Yes, I consent

☐ No, I do NOT consent

NORTH CAROLINA 4-H YOUTH DEVELOPMENT PROGRAM
LIABILITY WAIVER, ASSUMPTION OF THE RISK, PHOTO & MEDIA RELEASE,
AND INDEMNIFICATION YOUTH AGREEMENT

In consideration of NC State University and/or NC A&T State University allowing my minor child to participate in the North Carolina 4-H Program, (hereinafter "Program"), I, for myself and/or on behalf of the minor child listed below ("Minor"), agree as follows:

I affirm and acknowledge that the Minor is participating in the Program for their own personal benefit. I understand that the Minor will participate in recreational and other activities as part of the Program and that such activities have inherent dangers and physical risks. I understand and acknowledge that the inherent dangers and physical risks involved in these activities are such that no amount of care, caution, instruction or expertise can completely eliminate them. These dangers and risks include, but are not limited to, loss of or damage to personal property, strains, sprains, bruises, heat exhaustion, and other personal injuries, or even death, that could result from tripping, falling, contact with other individuals, and equipment failure, among other causes. I assume responsibility for all risks, known and unknown, involving the Minor's participation in the aforementioned activities, and I voluntarily authorize the Minor's participation in reliance upon my own judgment and knowledge of the Minor's experience and capabilities.

Additionally, I understand that the coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization and has become more widespread, including within North Carolina. COVID-19 is very contagious and believed to be spread mainly from person-to-person contact. I understand and appreciate that there are known and potential dangers of utilizing the Program's facilities, services and programs, and I acknowledge that the use of these facilities and services may, despite the Program's reasonable efforts to mitigate the dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability and/or death. The Center for Disease Control and state and local health departments, are reviewing and updating their respective guidance on the pandemic and its impact nearly every day.

I represent that I am acting on my behalf or as the parent or legal guardian of the Minor and I have authority to enter this Agreement. I also represent that the Minor is in proper physical and other condition to participate in the Program. I understand that it is my sole responsibility to determine whether the Minor is sufficiently fit and healthy enough to participate in the Program, and if necessary, I will consult with the Minor's physician for appropriate guidance.

On behalf of myself and the Minor, I hereby agree to indemnify and hold harmless NC Cooperative Extension, NC State University, NC A&T State University, the NC 4-H Youth Development Program, and their trustees, officers, directors, employees and agents (the "Released Parties") from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys' fees, arising from, resulting from, or relating in any way to the Minor's participation in the Program. I further agree that if, despite this Agreement, the Minor or anyone on the Minor's behalf, makes a claim against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any liabilities which may be incurred as a result of such claim.

I understand that the Minor and I are required to be familiar with and abide by the Program's rules and regulations, including the 4-H Code of Conduct and/or the NC 4-H Volunteer Standard of Behavior and any safety regulations established for the benefit of all participants. I accept sole responsibility for the conduct and actions of the Minor while they are participating in the Program.

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

 YES, I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Signature of Parent/Guardian: _____

Date: _____

Printed Name: _____ Name of Minor: _____

NORTH CAROLINA 4-H PHOTO & MEDIA RELEASE

I agree to allow NC Cooperative Extension, the 4-H Youth Development Program, NC State University, and/or NC A&T State University or their agents to photograph or record the Minor during the Program. I further agree that the Minor's image or likeness in photographs, videos, or audio may be used for educational or promotional purposes, including broadcasting or posting on the Internet. I agree that the use described herein may be without compensation to me or the Minor. On behalf of myself and the Minor, I waive any right to inspect or approve the finished electronic, photograph, or printed matter that may be used in conjunction with the printed matter now or in the future. I expressly release NC Cooperative Extension, North Carolina 4-H Youth Development, NC State University, NC A&T State University, their agents, employees, licensees and assigns from any and all claims which I or the Minor may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

Check one:

☐ I **AGREE** to photo/media use for any use described herein.

☐ I do **NOT AGREE** to photo/media use for any use described herein.

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.

Signature of Parent/Guardian:

Date: _____

Printed Name: _____ Name of Minor: _____

TRANSPORTATION AUTHORIZATION & WAIVER FORM

I am the parent or legal guardian of the Minor Child being registered herein. I understand and acknowledge that, to participate in some local, district and state 4-H programs (e.g., retreats, judging contests, educational field trips, etc.), Minor Child must be transported by motor vehicle to such programs and that, on many occasions, transportation will be provided by the North Carolina 4-H Youth Development Program ("4-H").

I authorize Minor Child to be transported in government-owned and/or privately-owned vehicles driven by properly licensed and insured individuals authorized to drive by 4-H.

I understand and have discussed with Minor Child that Minor Child is expected to follow all applicable laws regarding riding in a motor vehicle (including but not limited to wearing a seat belt); is expected to follow the directions provided by the driver, staff, or volunteers related to transportation; is expected to respect the driver, staff, volunteers and other occupants of the motor vehicle; and will not be disruptive to the driver of the motor vehicle.

I am aware of the inherent risks and dangers (including but not limited to property damage, serious injury, and even death) involved with motor vehicle transportation. I hereby voluntarily assume such risks and, to the fullest extent permitted by law, I hereby voluntarily waive, release, and forever hold harmless 4-H, North Carolina State University, and North Carolina Agricultural and Technical State University and their current and former employees, volunteers, agents, and representatives (collectively, the "Releasees" and, singularly, a "Releasee") from any and all liability, actions, claims, and demands arising out of or relating to any loss, damage, or injury sustained in connection with Minor Child's transportation to or from the locations of events associated with Minor Child's participation in 4-H, unless Minor Child or Minor Child's property is directly harmed or injured by the gross negligence or willful and wanton misconduct of a Releasee. I further agree to indemnify and hold harmless the Releasees from liability for the injury or death of any person(s) and damage to property that may result from Minor Child's negligence or intentional act or omission.

I have read this entire Transportation Authorization and Waiver Form. I fully understand its terms and conditions, and I agree to be legally bound by its terms. In signing this Transportation Authorization and Waiver Form, I am not relying on any oral or written representations from any of the Releasees.

Check one:

_____ I **AGREE** to transportation authorization and waiver as described herein.

_____ I do **NOT AGREE** to transportation authorization and waiver as described herein.

Signature of Parent/Guardian: _____

Date: _____

Printed Name: _____ Name of Minor: _____

NORTH CAROLINA 4-H CODE OF CONDUCT AND DISCIPLINARY PROCEDURE

The NC 4-H Youth Development Program has established standards of conduct for all participants. It is the responsibility of the parent/legal guardian and the participant to review the Code of Conduct and Disciplinary Procedures.

I. Purpose and Application:

- A. The 4-H Code of Conduct is intended to foster safe face-to-face and online environments that are conducive to optimal learning and growth. Toward that end, youth participants are expected to behave in a way that respects the dignity, rights, and property of others, and that will not disrupt or interfere with 4-H program goals.
- B. This 4-H Code of Conduct and Disciplinary Procedure is a condition of participation in any North Carolina 4-H activities or programs.

II. Behaviors Prohibited at 4-H Program Activities:

- A. Possession, selling, and/or use of alcoholic beverages, tobacco products, and illegal drugs OR being present where individuals are using alcohol, tobacco products and/or any illegal substances
- B. Any kind of sexually related physical contact
- C. Bullying, harassing or using derogatory language towards another person or group of people is prohibited
- D. Harassment will not be tolerated. Hazing is prohibited. Cyberbullying is prohibited
- E. Recording, taking, sharing screenshots or images is prohibited unless directed to do so for Program purposes
- F. Sharing links or passwords for Programs or content is prohibited unless directed to do so for Program purposes
- G. Possession of weapons or firearms (except while participating in a 4-H Shooting Sports Event)
- H. Behavior that violates state or local laws
- I. Damage to property of others
- J. Theft, misuse or abuse of public or personal property
- K. Conduct that jeopardizes the safety of self or others
- L. Conduct that disrupts or interferes with 4-H programming
- M. Using Program content, contacts, images or video for personal use outside the scope of the Program
- N. Sharing personal information, email, or social media accounts with individuals outside the scope of the Program
- O. Leaving a program or facility without permission of parents or 4-H staff (including authorized volunteers)
- P. Inappropriate dress, including but not limited to clothing that is disruptive to the operations or goals of 4-H. Examples may include, but are not limited to, clothing with negative or hateful language or symbols and shirts or pants that fail to appropriately fit or to cover a participant's body and undergarments. Clothing should meet the standards expected in public schools. Specific clothing requirements may be implemented where appropriate for a particular event.

III. Additional Basis for Disciplinary Action

County or State Extension personnel may impose discipline pursuant to Part IV below in cases of misconduct by current, former, or prospective 4-H participants if, in the judgment of 4-H personnel or their supervisors, the misconduct poses a potential risk to the 4-H program. This includes risks to the safety or well-being of others and risks to the effective functioning or integrity of 4-H. This applies regardless of whether the misconduct occurred during a 4-H activity or in a setting unrelated to 4-H activity.

IV. Disciplinary Procedures:

- A. Discipline may be imposed by any 4-H staff or Cooperative Extension Service employee who has oversight responsibility for 4-H activities.
- B. Unless immediate action is required, the following procedures should take place before imposing any adverse consequences:
 - 1) the accused participant shall be told the charge (which of the prohibited behaviors listed above he or she is accused of violating), and
 - 2) the accused participant is told what factual evidence supports the charge, and
 - 3) the accused participant has been given a chance to tell his/her side of the story.
- C. The 4-H staff person must be satisfied that the participant engaged in the prohibited behavior before imposing a sanction.
- D. Sanctions may include some or all of the following:
 - 1) Verbal warning
 - 2) Notification to parents
 - 3) Immediate removal from the activity
 - 4) Being placed on a behavior contract
 - 5) Referral to local law enforcement and/or juvenile court
 - 6) Program suspension and/or
 - 7) Expulsion from program
 - 8) Dismissed participants may not be eligible for a refund of any fees or expenses
 - 9) Other sanctions appropriate to the circumstances, as determined by 4-H.
- E. Appeals
 - 1) Disciplinary action for local or county-level events may be appealed to the County Director and or 4-H Agent. All appeals must in writing and must be received by the County Director and or 4-H Agent within 30 days of the disciplinary action. The County Director and or 4-H Agent or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The County Director and or 4-H Agent shall send a written decision to the appellant, the 4-H staff member who made the initial decision, and Head of the State 4-H Youth Development Program. The County Director and or 4-H Agent's appeal decision shall constitute the final agency action unless the Head of the State 4-H Youth Development Program chooses to exercise further review.
 - 2) Disciplinary action for regional or state-level events may be appealed to the Head of the State 4-H Youth Development Program, Cooperative Extension Service, Box 7655, NC State University, Raleigh NC 27695-7655; telephone (919) 513-3059. All appeals must in writing and must be received by the Head within 30 days of the disciplinary action. The State 4-H Youth Development Program Head or designee shall review the appeal statement, any written response from the decision maker, and may review other relevant information. The Head shall send a written decision to the appellant and the 4-H staff member who made the initial decision, and the Head's appeal decision shall constitute the final agency action.

F. Immediate action situations:

4-H or Extension staff may take immediate action to remove a participant from an activity and other action as needed, where there is an emergency situation or significant risk of continuing misconduct. In those cases, the immediate action is temporary discipline and the 4-H or Extension staff must arrange for the procedures in parts B, C, D, and E above as soon as possible but in no event longer than seven days from the temporary discipline.

Member Printed Name: _____ **Signature of Member:**

Printed Name of Parent/Guardian:

Signature of Parent/Guardian:

Date: