4-H YOUTH HORSE CAMP  
July 18-20, 2022  
Klickitat County Fairgrounds, Goldendale, WA  
REGISTER BY JUNE 22, 2022

Horse Camp is open to all 4-H Members (with their horse) who are 8 years old by October 1, 2021. The purpose of Horse Camp is to prepare youth for showing in their county and state 4-H fairs and improving horsemanship skills and knowledge. Riders will have three riding classes each day.

$150 – 5 riding classes and showmanship class  
***Leader’s can ride for $75 if space permits***

NOTE: There must be an “on site” responsible adult in charge of each participating youth. Horse Camp begins at 7am for stall cleaning and breakfast each morning and ends at 5pm each day.

IMPORTANT:  
Responsible Adult: Participants must have an on-site adult present and responsible for them at ALL times.

- Check-in: Monday from 7 am to 8 am. A mandatory orientation session will be held at 8:00am on Monday to review rules and answer participant questions.
- Horses: It is strongly recommended that horses be current on vaccinations (flu/rhino, EW&T, West Nile, etc.). Participants must bring their own horse’s feed, hay bag, water bucket and whatever else their horse requires.
- Stalls: Shavings are NOT included. You must provide your own. Stalls are to be cleaned and horses fed before breakfast every day; stalls must be stripped clean and approved before leaving at the end of camp.
- Participants must wear an ASTM/SEI approved helmet and boots with a heel; a sleeved shirt (NO CAP SLEEVES OR TANK TOPS). No flip/flops allowed while tending or riding your horse. No cell phone usage while mounted or during scheduled activities – see Code of Conduct.
- Consider bringing: Insect repellant, sunscreen, water bottle, flashlight, coat, rain gear and a bandana to wet and keep cool in the heat. Please label your personal items. DO NOT BRING EXPENSIVE EQUIPMENT, whether tack or electronic.
- Camping Options: Participants can leave at the end of each day or camp overnight in the campsite area on the grounds. Dry camping is $10 per night - there are showers in both bathrooms. There are power hook-ups for campers/trailers; the cost is $16 a night (to be paid to Klickitat County Buildings & Grounds after arrival). Remember, whether you camp in a tent, camper or trailer, the designated responsible adult must be present at all times. There are also local motels in the vicinity of the fairgrounds.

Clinicians  
June Boardman  
Jackie Miller
For information about Horse Camp: Jackie Miller (541-993-3108) or Pat Shamek (541) 993-9560.

To register: send the attached member health form, code of conduct forms and application below and send along with your check payable to Klickitat County 4-H Leaders’ Council Mail to: Klickitat County 4-H Leader’s Council, PO Box 1217 Goldendale, WA 98620,

NOTE TO PARENTS:
We are pleased to have your child participating in the 2022 Horse Camp! Everyone attending really has many opportunities to develop life skills and be strengthened through the 4-H family. Remind your children to:
- Have a good time and don't be nervous
- Meet and make new friends
- Learn lots about their horse project
- Make memories for a lifetime

REMEMBER...
- Fill out and return the enclosed health form for each participant.
- All participants and responsible adults must sign the enclosed behavior expectations. (Code of Conduct)
  - This is a time to make special memories with your child. However if you are unable to come, choose a reliable adult to be responsible for your precious child/children.

Klickitat County Horse 4-H leaders continue to work hard to create a lifetime memory for your child and their horse at a minimal cost. All registrations are on a “first come” basis.

All 4-H Horse Camp youth participants must be enrolled in 4-H, be at least 8 years old by October 1, 2021. All 4-H members must wear approved headgear when riding or driving.

Klickitat County 4-H members only:
- Partial scholarships may be available by request from Klickitat County 4-H Leaders’ Council. All written requests must be received no later than June 24, 2022 to be reviewed for consideration. Contact the Extension office at 509-773-5817 for specific information.
- 4-H Record Book Scholarships (from October 2021 4-H Achievement Day) may also be used towards the cost of registration.

Extension programs and policies are consistent with federal and state laws and regulations on nondiscrimination regarding race, color, gender, national origin, religion, age, disability, and sexual orientation. Evidence of noncompliance may be reported through your local Extension office. Persons with a disability requiring special accommodation while participating in Washington State University-Klickitat County Extension programs may call 509-773-5817 in advance of the program. If accommodation is not requested in advance, we cannot guarantee the availability of accommodation.
**4-H YOUTH HORSE CAMP**  
**July 18-20, 2022**  
**Klickitat County Fairgrounds, Goldendale, WA**

**Registration Information:**

**TO REGISTER:** send this completed form, member health form and Code of Conduct forms (youth and adult) along with a check made payable to Klickitat County 4-H Leaders’ Council  
**Mail to:** Klickitat County Leader’s Council PO Box 1217, Goldendale, WA 98620. If you have questions please contact Martha Parsons (509) 365-4267 or (509)637-4016;  
or Pat Shamek (541) 993-9560.

Name     Age _______ Grade ________  
Address ________________________________________________  
(just completed)  
Phone _ Email address: __________________________________  
On Site Responsible Adult’s Name: ________________________  
Cell Phone: ______________

**All Registrations postmarked by June 22, 2022.**

<table>
<thead>
<tr>
<th>Camp Registration</th>
<th>$150  Fees will remain the same due to increased prepackaged food costs</th>
</tr>
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<tbody>
<tr>
<td>Additional Meal Package $30 per person or $5 per meal</td>
<td>How many? ___ x $30 = ____</td>
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<td></td>
<td>How many? ___ x $5 = ____</td>
</tr>
<tr>
<td>Leader Registration</td>
<td>How many? ___ X $75 = ____</td>
</tr>
</tbody>
</table>

**Total Enclosed**

Parent/Guardian Signature Date ____________________________________________  
Parent/Guardian Printed Name: ____________________________________________

**Photo, Image, and Voice Recordings Consent**

I understand that, unless noted below, photos, video, or audio recordings made of me or my enrolled child/ward at 4-H events may be used by WSU Extension and Washington State 4-H, without compensation, to promote the 4-H Youth Development Program. I understand that my name may be revealed in descriptive text or commentary.

____ We Agree  ____ No, we do not agree to the use of digital images or voice recordings as set forth above.

Parent/Guardian Signature Date ____________________________________________

*Complete the other side of this page*
The questions below are to assist in matching up abilities within groups. Please understand that classes will be filled as registrations are received and some classes may fill up sooner than others. Be assured that each of our very talented clinicians have many years of instruction and will meet the needs of your child no matter what group they are in!

Rider’s name __________________ Horse’s name ________________________________
I have been in 4-H for _______ years I have ridden for _______ years
My horse is _______ years old I have had this horse for ___ years
I have participated in ___ shows I have gone to state fair _______ times
Last year I received a ___________ ribbon in English Equitation
Last year I received a ___________ ribbon in Western Equitation
Last year I received a ___________ ribbon in Trail
Last year I received a ___________ ribbon in Bareback Equitation
I work with my 4-H leader/riding instructor ____________ times a month.
I am in a 4-H advancement program called ______ at _________________ level.

Circle answers to the statements below:
In 4-H I am a: Junior _______ Intermediate _______ Senior _______
I consider my riding level is: Novice _______ Intermediate _______ Advanced _______
I can do a simple ___ interrupted _______ flying lead change. _______
My horse can do a simple _______ interrupted_______ flying lead change._______
I can do a counter canter—yes / no
My horse can do a counter canter—yes / no

Help Needed
HELP IS NEEDED. If you can help please fill your name and phone number

Adult Volunteer Name: ______________________________________________________

Phone Number: __________________________________________________________

Return this registration form, health form and code of conduct forms.
4-H YOUTH HORSE CAMP  
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Klickitat County Fairgrounds, Goldendale, WA

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Mail to: Klickitat County Leader’s Council PO Box 1217, Goldendale, WA 98620. If you have questions please contact Jackie Miller (541)993-3108; or Pat Shamek (541) 993-9560.

Name Age ______ Grade_________  
(just completed)

Address  
Phone _ Email address:  
On Site Responsible Adult’s Name:______________  
Cell Phone:______________  

All Registrations postmarked by June 22, 2022.

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Help Needed
HELP IS NEEDED. If you can help please fill your name and phone number

Adult Volunteer Name: _____________________________________________________
Phone Number: __________________________________________________________

Return this registration form, health form and code of conduct forms.
Klickitat County
2022 4-H Youth Summer Horse Camp
Youth Code of Conduct

As a participant in WSU/4-H events, I have the responsibility of representing all WSU/4-H members to the public. Therefore, I will conduct myself in a manner that reflects well on my state, county, and club, as well as myself. I will initial next to each item to indicate I have read, understand and will follow each item.

I will attend Horse Camp orientation at 8:00 AM on each day.

I will attend all sessions in my planned lesson program and fully participate in all scheduled activities.

I will inform my responsible adult or the Camp Director if I am not feeling well.

I will demonstrate courtesy and respect to adults and other participants at all times.

I will turn off my cell phone during all scheduled activities, workshops and riding sessions.

I will not use my cell phone while I am mounted nor during scheduled activities. My phone will be taken away if I violate this rule.

I will be in my sleeping location with my responsible adult by 10:00pm and quiet at 10:30pm.

I will wear a sleeved shirt (no cap sleeves or tank tops), appropriate boots and a helmet when riding and will ride my horse with a bridle.

I will clean my horse’s stall daily, feed my horse at least 2 times a day and have clean water in their stall at all times.

I will use appropriate language at all times and will not swear.

I will exhibit good sportsmanship and act as a positive role model.

I will not possess or use alcohol, drugs (other than prescribed medicine to be checked in to my responsible adult if my parent is not on-site) nor tobacco in any form at camp.

I will not leave Klickitat County Fairgrounds during Horse Camp hours of 7am to 5pm - unless permission is given by the Camp Director.

I am responsible for replacing or fixing anything damaged by my misconduct.

I will not tamper with, take or damage fairgrounds buildings, furniture, equipment nor others’ belongings at camp.

I will place all trash I see in garbage cans.

I will not display physical affection with other campers

If I have a vehicle at Horse Camp, I will not drive during camp.

I understand Horse Camp is a privilege and will immediately report any improper behavior to my responsible adult who will notify the Camp Director.

I understand the Camp Director and my responsible adult will determine immediate disciplinary action; if long-term disciplinary action is needed, it will be determined by Klickitat County Extension Staff after a hearing involving the youth, parents/guardians, on-site adult and Camp Director.

I know the Camp Director for 2022 is Jackie Miller.
Violators may expect any or all of the following consequences:
- Taking away cell phone and give to adults on site
- Notification of parents and being sent home
- Charging the 4-H member’s parent/guardian the cost of damages, repairs or restitution
- Releasing the 4-H member/youth participant to the nearest law enforcement agency and/or proper authorities
- Notification of the 4-H member’s county extension agent for consideration of further sanctions
- Elimination from participation in future WSU/4-H activities

**Note** - Mail your registration form along with your signed Youth Code of Conduct and Health Form.

I, ___________________________ (name of 4-H member/youth participant – please print), have read the Code of Conduct and agree to abide by its rules and understand that infractions of this code will result in any or all of the penalties listed above.

_________________________________________ Date

4-H member/youth participant signature

I, ___________________________ (Name of parent/guardian – please print), have read the Code of Conduct. I understand that I am responsible for my child/dependent’s behavior. I give permission to the staff in charge to administer the code. I understand that if my child/dependent is sent home, it will be at my own expense, and that registration or other fees will not be returned.

_________________________________________ Date

Parent/guardian’s signature

Work phone ________________________________ Home phone ________________________________

I will not be attending Horse Camp. The responsible adult for my child is __________________________

Their cell phone number is __________________________

NOTE: If the designated responsible adult is not the child’s parent/guardian, the adult must be screened through the local Extension office at 509-773-5817 for specific details. Adults can be screened at their own costs

Revised May, 2021
KLICKITAT COUNTY
2022 4-H YOUTH HORSE CAMP
RESPONSIBLE ADULT EXPECTATION

As the responsible adult for the youth listed below for the 2022 4-H Youth Horse Camp, I understand I have the responsibility of enforcing the youth code of conduct for my charges and commit to following this Code of Conduct myself. I will place my initials next to each item to indicate that I have read, understand and will comply with these expectations.

- I will attend Horse Camp orientation at 8:00 PM on Monday.
- I will have the youth in my charge at their lessons on time.
- I have read the youth Code of Conduct expectations.
- I will inform the Camp Director if youth in my charge are not feeling well.
- I will demonstrate respect and courtesy to adults and other participants at all times and act as a positive role model.
- I will not possess or use alcohol, drugs (other than prescribed medicine) nor tobacco in any form at camp.
- I will have my youth charges in our sleeping location by 10:00pm and quiet at 10:30pm. I will see that they stay with me all night.
- I will use appropriate language at all times and will not swear.
- I am responsible for replacing or fixing anything damaged by the misconduct of the youth in my charge or by my misconduct.
- I will place all trash I see in garbage cans.
- I know the Camp Director for 2022 is Jackie Miller.

**Note-** All youth must have a signed Responsible Adult Expectation form which must be turned in before Horse Camp. If the designated responsible adult is not the child’s parent/guardian, the adult must be screened through the local Extension office. Contact Extension Office at 509-773-5817 for specific details.

Dated: __________________________
Signed: ___________________________ Cell phone ___________________________
On-site Responsible Adult signature

I am responsible for oversight of:

________________________________________________________________________
________________________________________________________________________

Revised May, 2021
Klickitat County 4-H Adult Horse Camp Health Form

1. Do you have a physical condition or chronic illness that 4-H leaders or camp coordinators should be aware of? **(i.e. asthma, allergies, diabetes, etc.)**   YES    NO
   If yes, please describe:

   Treatments/medications (type & dosage)?

   Physicians Name:

   Date of last Tetanus immunization:

   Are there any limitations or restrictions on your activities?

   Insurance Company:

   Policy Number:

   * Inform camp coordinator of any temporary/new health conditions not listed on this form.

Horse Emergency Treatment Authorization

It is the responsibility of the owner to have an emergency care plan for their horse. If I (owner) am not present at event I direct Klickitat County 4-H Horse Leaders to take the following action in the event of an emergency requiring veterinary care:
I have checked my treatment option(s) below:

1. Take no action other than contacting me. I accept the consequences of delayed action if I cannot be reached.

2. Contact my regular veterinarian, Dr. ________________, phone _____________. He/She has my permission to perform treatment, which is necessary in his/her professional opinion. All veterinarian expenses are at Owner's expense.

3. Contact local veterinarian, Dr. ________________, or Dr. ________________, phone ________________, if I or my regular veterinarian cannot be reached.
   All veterinarian expenses are at Owner's expense.

Owner Signature  Phone  Date

**Event staff will make every effort to notify owner prior to treatment of horse.

Klickitat County 4-H Adult Horse Camp Consent & Release Form

Complete this form and return to camp coordinator.

Last Name  First Name  Middle Initial

Address  City, State  Zip

Home Phone  Work Phone

Person(s) to contact in case of emergency Phone

Additional person(s) to contact in case of emergency Phone

Male_______ Female_______

4-H events, coordinated by certified 4-H volunteers, are sponsored by Washington State University. I understand there is a risk of injury or loss to myself, horse, or equipment including, but not limited to, falls, collisions, animal bites or kicks, exhaustion, bee stings, effects of the weather, or vehicle accidents. I also hereby waive and forever discharge claims for damages which the above listed individuals, their heirs, executors and administrators may have or accrue against Washington State University Extension, their representatives, agents, volunteers and Klickitat County Fair Advisory Board arising from any injuries, physical or mental, suffered in connection with 4-H sponsored activities.

In case of emergency, I understand every effort will be made to contact the people listed above. I hereby give permission to the physician on duty at the nearest medical facility to secure proper treatment for myself including hospitalization or surgery.

I have read, understand and agree to the above listed statement and do sign this agreement of my own free will.

Participant Signature  Date

WASHINGTON STATE UNIVERSITY