



HORSE HOOPLA REGISTRATION CHECK LIST

Make sure you enclose all of the following paperwork in your envelope before mailing:

Youth:

- Application (Youth)
- Financial Assistance Application (Youth-If Needed)
- Liability Release & Informed Consent Form (Youth)
- Event Health Form (Youth)
- Signed Sunscreen and Bug Spray Authorization Forms (Youth)
- Signed 4-H Code of Conduct (Youth)
- Specific Horse & Rider Details Form (Youth/Horse)
- Adult Volunteer/Youth Chaperone Form (Youth/Adult-UME Volunteer/Chaperone)
- Horse/Rider Stall Card (Youth/Horse)
- Copy of Horse's Negative Coggins Test (Good until _____) (Horse)
- Check for Payment; Check Made Payable to CCEAC
- Separate Check for \$25, Made Payable to CCEAC (Stall deposit – to be returned when stalls and surrounding area is confirmed clean)

Adult UME Volunteer/Chaperone:

- Adult Volunteer/Youth Chaperone Form (Youth/Adult-UME Volunteer/Chaperone)
- Liability Release & Informed Consent Form (Adult-UME Volunteer/Chaperone)
- Event Health Form (Adult-UME Volunteer/Chaperone)
- Signed 4-H Code of Conduct (Adult-UME Volunteer/Chaperone)
- Golf Cart/UTV Registration Request Form (Only complete if applicable)

Mail or drop off packet to:

University of Maryland Extension
Cecil County 4-H Horse Hoopla
200 Chesapeake Blvd, Suite 1500
Elkton, MD 21921

ADULT VOLUNTEER CHAPERONE/ASSISTANCE FORM

In order to make the Horse Hoopla a success, we must depend on University of Maryland Extension (UME) adult volunteers to help. We are asking for adult volunteers to help. To chaperone a group of 4-H members you must be a UME appointed volunteer. During the Horse Hoopla event we need help during meals, assisting instructors with equipment or programs, and just general help keeping all youth at their particular assignments. **Please note: Paid participants and Horse Hoopla Volunteers will receive a Wrist Band for meals. All other individuals must pay \$5 cash at the door per meal or purchase an individual wrist band for \$35 for the entire program's meals. In order to receive meals, volunteers must contribute a minimum of 4 hours of service.**

Please indicate below how you will be able to assist us in providing your child with a wonderful experience.

Volunteer Name _____ Phone _____

Are you a UME chaperone for anyone other than your own child? ___Yes ___No Will you be staying full time? ___ Yes ___ No

Please specify any particular area you would like to help with:

Barn Meals Drink/Snack Station Crafts Chaperone Equestrian Games Games
Non-equestrian Instruction Jump Crew Clovers/Horseless Other: _____

Parents are strongly encouraged to assist with at least one shift in the kitchen either with food preparation or set up/clean up

Questions? Contact The University of Maryland Extension-Cecil County 4-H Office at 410-996-5280.

4-H YOUTH CHAPERONE INFORMATION

Each participant must have a chaperone (one per every 8 youth)

4-H Member's Name _____

Chaperone's Name _____

4-H Parent's email: _____ Chaperone's email: _____

Address _____

Phone _____ Chaperone's Signature _____

Chaperone is a (check one): ___ UME Appointed volunteer ___ 4-H Member Parent

Note:

- Your chaperone MUST be verified and approved before you will be allowed to participate. Remember: ONLY UME appointed volunteers may serve as chaperones for a group (up to 8 youth). Parents who are not UME volunteers may chaperone only their own children.
- Per UME rules every youth must be chaperoned at all times by their parent and/or UME Appointed Volunteer. Should the chaperone not be available at all times, the participating youth will be asked to leave without refund of any participation fees.

"University of Maryland Extension programs are open to all and will not discriminate against anyone because of race, age, sex, color, sexual orientation, physical or mental disability, religion, ancestry, or national origin, marital status, genetic information, or political affiliation, or gender identity and expression."



LIABILITY RELEASE AND INFORMED CONSENT AGREEMENT

EVENT NAME: _____

EVENT DATE(S) & LOCATION: _____

I wish/my child wishes to participate as a part of the University of Maryland (UME) Maryland 4-H Youth Development Program in all activities associated with the above-named Event. If the individual participating in this event is my minor child, I give my permission for my child's participation in this event. In connection with and consideration of participation in the Event, I, on behalf of my child and/or myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that any program activity can be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the Event and related activities. These risks and hazards include but are not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, paralysis and death. As with any activity, there are other inherent and/or unforeseen risks and hazards associated with the Event and related activities that cannot be predicted. I also understand that risks and hazards associated with the Event may arise in various contexts including but not limited to the following:
 - Participating in activities associated with this Event.
 - Contact with animals that may be associated with this Event.
 - Transportation to and from the Event and/or Event activities by public carrier, by personal conveyance, or by vehicle driven by a UME volunteer/staff member.
 - Residing in a hotel/dormitory or other housing with adults of the same gender.
 - Use of lodging facilities pool, exercise, and/or other recreational facilities.
 - Fire and/or weather-related events.
 - Terrorism attacks while participating or traveling to and from Event activities.
 - Injuries from interactions with animals such as, but not limited to, getting kicked, stepped on, bitten, butted, dragged, falling off.
 - Contact with manure, urine, and saliva.
 - Injuries from nature, such as bee stings, mosquito bites, snake bites.
2. I understand participation in the Event is purely voluntary and neither my child nor I am in any way required to participate. I want to/want my child to participate in the Event and related activities, despite the possible dangers.
3. I understand that participation in the Event and related activities may require a minimum level of fitness and/or expertise for safe participation, and that UME recommends participants have a physical examination to determine their fitness for participation. Should my child or I require emergency medical treatment or first aid as a result of illness, injury or accident arising in connection with the Event or related activities, I consent to such first aid and/or treatment. I will notify UME in writing if my child has/I have any health or medical conditions that may affect his/her/my participation and/or about which emergency personnel should be informed. I further understand that UME does not provide medical, health or other insurance for Event participants, and I represent and warrant that my child has/I have adequate medical, health and/or other insurance.
4. Knowing the dangers, hazards and risks associated with the Event, and with sufficient knowledge of my/my child's physical condition(s) and limitations, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property in any way associated with my/my child's participation in the Event and/or related activities.

OVER

5. I agree that my child/I will abide by all rules and regulations applicable to participation in the Program.
6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of Maryland, the University of Maryland, University of Maryland Extension and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my participation in the Event and/or related activities, whether due to the negligence, mistake or other action or inaction of UME or any other person or entity.

I HAVE READ AND FULLY UNDERSTAND THIS LIABILITY RELEASE AND INFORMED CONSENT FORM, AND AGREE TO ITS TERMS VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. I UNDERSTAND THAT AGREEMENT TO THESE TERMS IS REQUIRED FOR MY/MY CHILD'S PARTICIPATION IN THIS UNIVERSITY OF MARYLAND EXTENSION 4-H YOUTH DEVELOPMENT EVENT, AND THAT IF I CHOOSE NOT TO AGREE TO THESE TERMS I/MY CHILD CANNOT PARTICIPATE.

4-H Youth
 Adult
Participant's Status

Printed Name of Participant

Participant's Signature

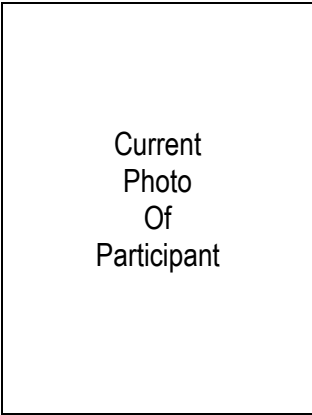
*Printed Name of Parent/Guardian

*Parent/Guardian's Signature

Date

****PARENT/GUARDIAN SIGNATURE REQUIRED IF THE EVENT PARTICIPANT IS A 4-H YOUTH OF ANY AGE***

MARYLAND 4-H EVENT HEALTH FORM



Participant's Name: _____
Last First MI Nickname

Male Age: _____ Youth Participant
 Female Birthdate: _____ Adult Participant
MM/DD/YYYY

Home Address: _____
Street Address

_____ City _____ State _____ ZIP _____ County

4-H Event Attending: _____
 Event Dates: _____ to _____ Event Location: _____
MM/DD/YYYY MM/DD/YYYY

PARENT/GUARDIAN or Other Person to be Notified in case of Injury or Illness:

Name: _____ Relationship: _____ Preferred #1 _____
 E-mail: _____ Phones: #2 _____
Indicate mobile (M), home (H), work (W)

Home Address: _____
if different from participant Street Address City State ZIP

SECOND PARENT/GUARDIAN or Other Emergency Contact:

Name: _____ Relationship: _____ Preferred #1 _____
 E-mail: _____ Phones: #2 _____
Indicate mobile (M), home (H), work (W)

ADDITIONAL CONTACT in event parent/guardian or others cannot be reached:

Name: _____ Relationship: _____ Preferred #1 _____
 E-mail: _____ Phones: #2 _____
Indicate mobile (M), home (H), work (W)

HEALTH CARE PROVIDER CONTACTS:

	Name:	Phone:
Primary Care Physician:	_____	_____
Dentist:	_____	_____
Other Provider (Specify):	_____	_____

HEALTH INSURANCE: Is participant covered by health/medical insurance? Yes No

Insurance Company: _____ Phone Number: _____
 Policyholder's Name: _____ Policy Number: _____
Attach photocopy of insurance card; be sure to copy both sides of card so information is readable

AUTHORIZATION FOR PARTICIPTION AND RELEASE: I certify that this health history is correct and accurately reflects the health status of the individual to whom it pertains. I hereby give permission for medical personnel selected by University of Maryland Extension (UME) to provide routine health care; to order x-rays, and routine tests; to administer medications, injections, anesthesia, surgery, and other treatment; to release records necessary for insurance purposes; and to provide or arrange necessary related transportation for me/my child. In the event I cannot be reached in an emergency, I hereby give permission for medical personnel selected by UME to secure and administer treatment including hospitalization for the participant named above. I further understand that I will be responsible for medical/hospital bills. By signing this form, I give permission for the participant named above to participate in all program activities except as specified herein. This completed form may be copied for official use. This authorization shall remain in effect for the duration of the event specified above, to include the duration of any travel to/from the event. By signing this form, I release and forever discharge, agree not to sue, and to indemnify and hold harmless the State of Maryland, University of Maryland, and University of Maryland Extension and/or their officers, agents, employees, faculty, staff, and volunteers from and against any and all liabilities, costs, expenses, causes of action, claims, and/or demands in any way relating to the foregoing program activities and/or the health, illness, injury, and/or treatment of the participant named above.

Signature of Parent/Guardian: _____ Date: _____ Relationship to Participant: _____
 Signature of Adult Participant: _____ Date: _____
(over 18 years of age)

University of Maryland Extension programs are open to all and will not discriminate against anyone because of race, age, sex, color, sexual orientation, physical or mental disability, religion, ancestry or national origin, marital status, genetic information, political affiliation, or gender identity and expression.

❁ PARTICIPANT HEALTH HISTORY

Participant's Name: _____

Youth Adult

If the answer is "yes" to any of the questions listed below, explain below the question. Attach additional pages or documents as necessary.	
Have you been seriously ill or had contact with anyone with an infectious disease in the last 30 days? <i>(If yes, explain)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you traveled outside the country in the last year? <i>(If yes, list countries and dates of travel)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you recently been injured, had an accident, suffered a concussion (brain injury) or had surgery? <i>(If yes, explain)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any allergies to medicines? <i>(If yes, list and explain reaction)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any food or environmental allergies? <i>(If yes, list and explain reaction)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you carry an emergency medical device or medication (epi-pen, inhaler, etc)? <i>(If yes, explain and state where on your body you carry the device/medication)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have impaired sight, hearing, or chronic ear infections? <i>(If yes, explain)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any nervous, neurological or mental health-related issues, such as epilepsy, seizures, dizziness, loss of consciousness, migraines, emotional stress, anxiety, or attention/behavioral disorders? <i>(If yes, explain)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have heart or respiratory issues such as asthma, breathing disorders, persistent cough, heart murmur, chest pain, abnormal blood pressure, blood diseases, etc? <i>(If yes, explain)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have stomach or intestinal disorders such as ulcers, gall bladder, IBS, colitis, hernia, etc? <i>(If yes, explain)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have autoimmune disorders such as diabetes, arthritis, lupus, kidney or bladder disease, etc? <i>(If yes, explain)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have skin diseases or disorders? <i>(If yes, explain)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you take prescription medications for any chronic or long-term condition? <i>(If yes, list the medications and explain)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any dietary restrictions or limitations? <i>(If yes, explain)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any medical conditions or special needs or circumstances not addressed above? <i>(If yes, explain)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of most recent Tetanus immunization:	_____ <i>(MM/DD/YYYY)</i>

Maryland 4-H Adult Code of Conduct

A goal of the Maryland 4-H Program is to provide opportunities for children and youth to build character. Maryland 4-H supports the CHARACTER COUNTSSM six pillars of character: **TRUSTWORTHINESS, RESPECT, RESPONSIBILITY, FAIRNESS, CARING, AND CITIZENSHIP**. In order to ensure Maryland 4-H programs provide positive environments for all individuals to learn and grow, 4-H Adults agree to abide by these expectations of behavior:

- ☘ I will be **TRUSTWORTHY**. I will be worthy of trust, honor, and confidence. I will be a model of integrity by doing the right thing even when the cost is high. I will be honest in all my activities, and I will not cheat, lie, knowingly give false information, or be dishonest in any other way. I will follow through on commitments I make and responsibilities I accept. I will not engage in illegal or unethical behavior.
- ☘ I will be **RESPECTFUL**. I will show respect, courtesy, and consideration to everyone, including youth participants, other adults/volunteers, those in authority, and myself. I will act and speak respectfully. I will not use vulgar or abusive language or cause physical, mental, or emotional harm. I will dress in a manner that is appropriate, tasteful, and respectful for youth. I will take care of property and facilities and will not intentionally cause harm or damage. I will appreciate diversity in skill, ability, gender, ethnicity, family, and personal beliefs. I understand that Maryland 4-H does not tolerate statements or acts of discrimination or prejudice.
- ☘ I will be **RESPONSIBLE**. I will be responsible, accountable, and self-disciplined in the pursuit of excellence. I will live up to high expectations so I can be proud of my work and conduct. I accept my personal responsibility to be informed of and follow policies, rules, and procedures of Maryland 4-H and 4-H events or activities in which I am involved. I will be accountable for my choices and actions and I will take responsibility for any mistakes or misconduct in which I participate.
- ☘ I will be **FAIR**. I will be just, fair, and open-minded. I will assist with events by following the rules, not taking advantage of others, and not asking for special exception or consideration. I will demonstrate good sportsmanship and will accept the final outcome of events and contests.
- ☘ I will be **CARING**. I will be caring in my relationships with others. I will be kind and show compassion for other people and living things. I will treat others the way I want to be treated. I will show appreciation for the efforts of others. I will help members of my group to have a good experience by striving to include everyone.
- ☘ I will be a **GOOD CITIZEN**. I will be a contributing and law-abiding member of the organization, community, and society. I will not abuse illegal or illicit substances. I will refrain from using tobacco, tobacco products, or tobacco substitutes in the presence of youth at 4-H events. I will not act in a manner that is threatening, harassing, demeaning, or violent toward others, and I will not use technology or media to promote such actions. I will be respectful to the environment and contribute to the greater good. I will promote a spirit of inclusion by welcoming individuals from all backgrounds in my club and community. I will positively represent Maryland 4-H by holding myself to the standards of the 4-H Pledge and Motto.

SMCHARACTER COUNTS! Is a service mark of the CHARACTER COUNTS! Coalition, a project of the Josephson Institute of Ethics.

Maryland 4-H Adult Code of Conduct Agreement

Adult Code of Conduct:

Maryland 4-H expects adults participating in programs to conduct themselves in an acceptable manner and in accordance with the Maryland 4-H Code of Conduct outlined on the reverse of this document. Adults, both parents and volunteers, who engage in unacceptable conduct are subject to sanctions. Adult behaviors that are unacceptable under the Code of Conduct include, but are not limited to:

- Possession, use, or distribution of alcohol and/or illegal or illicit drugs while attending a 4-H program or event
- Use of tobacco, tobacco products or tobacco substitutes in the presence of youth at a 4-H program or event
- Abuse and/or misuse of prescription or non-prescription drugs or substances
- Sexual advances or activities involving youth
- Actions that create a hostile environment such as sexual innuendo, slander, profane language, racial/ethnic slurs or other disparaging remarks or hostile/bullying behavior
- Use of physical punishment for discipline
- Actions that create an unsafe environment, such as irresponsible or potentially hazardous behavior
- Failure to report suspected neglect and/or physical or sexual abuse to appropriate authorities
- Lying, cheating, or other unethical practices
- Physical, verbal, emotional, or mental abuse of, or threats toward, another person
- Theft, destruction, or abuse of property
- Use of electronic devices and/or social media to bully, demean, harass, or threaten another person
- Use of technology to create, post, or transmit to or willingly receive from youth unacceptable content such as that containing profanity, advocacy of use/possession of alcohol or drugs, violence, sexually explicit content, etc
- Promotion of religion or political preferences
- Breach of personal or professional confidentiality

Maryland 4-H Disciplinary Policy and Procedures:

An adult, parent, or volunteer in a 4-H program who engages in conduct that may jeopardize the health or safety of themselves, youth, other people, or the integrity of 4-H may be sanctioned or removed from the program or activity. The appropriate action will be made at the discretion of the University of Maryland Extension (UME) faculty/staff member.

Following the incident of inappropriate conduct, the individual will be notified in writing of the nature of any unacceptable conduct and potential sanctions. In such cases:

- The county/city UME faculty or staff member with overall responsibility for the program will set up a meeting to hear the individual. At the discretion of UME or at the request of the individual, a committee may be appointed by UME to review the matter.
- Following the meeting, the individual will be notified in writing of the outcome of the meeting and any sanction(s) to be imposed.
- Sanctions may be appealed in writing within seven (7) calendar days after the individual receives notice of the decision, to the Area Extension Director (AED). The AED will consult with the appropriate State 4-H Specialist(s) in considering the individual's appeal. The individual will be notified in writing of the decision of the AED.
- The decision of the AED may be appealed in writing to the State 4-H Leader within seven (7) days after the individual receives notice of the decision. The individual will be notified in writing of the State 4-H Leader's decision. The decision of the State 4-H Leader is final.

BEHAVIOR PLEDGE

I have read the Maryland 4-H Code of Conduct and the Maryland 4-H Disciplinary Policy and Procedures. I will support and uphold these principles, and will model positive behavior for all 4-H youth and families. I will support the individual in charge of maintaining appropriate behavior at 4-H programs, events, and activities. I am aware that my actions and decisions affect me and others and that poor actions or decisions may result in restriction or revocation of my access to current and future 4-H programs. I agree to accept the appropriate and logical consequences of my actions as determined by Maryland 4-H and University of Maryland Extension.

 Adult/Volunteer Printed Name

 Adult/Volunteer Signature

 Date

Cecil County 4-H Horse Hoopla Golf Cart/Utility Task Vehicles (UTV) Usage Rules

The following rules must be obeyed by all those using golf carts/UTVs on the fairgrounds. At the first infraction of any of these rules, the driver of the golf cart/UTV may be denied permission to drive a cart/UTV for the duration of Horse Hoopla.

1. Once approved for the permit, a \$25 deposit is required. This fee will be returned at the end of Horse Hoopla. It is the responsibility of the Owner to come to get the deposit back. If any of the Golf Cart/UTV rules are violated, the owner forfeits the deposit. The agreement must be signed, copy of Rules and Regulations given and permit given in order to operate a Golf Cart/UTV.
2. Owners must show proof of insurance before a permit is issued. A copy of this will be on file in the committee. If you don't have insurance for your Golf Cart/UTV then you cannot operate it on the fairgrounds during Horse Hoopla.
3. Golf Carts/UTVs are NOT considered handicapped vehicles. Only wheelchairs and scooters are permitted for this purpose.
4. All operators MUST have a valid driver's license. NO EXCEPTIONS. No 4-H youth (youth ages 18 and under as of 1/1/19) are permitted to drive golf carts/UTVs.
5. The operator of the Golf Cart/UTV is entirely responsible for the safe operations of their Golf Cart/UTV. If it is viewed as being operated in an unsafe manner, it will result in loss of driving privilege for the rest of Horse Hoopla.
6. Any unauthorized Golf Cart/UTV, or similar vehicle, being operated on the fairgrounds will be removed by the owner immediately. Failure to comply will result in having Golf Cart/UTV removed at the owner's expense.
7. Permits must be visible at all times.
8. All Golf Carts/UTVs must have headlights for night time operations. Dusk is considered Night Time.
9. "Four-Wheelers" are not considered a UTV and are not permitted to be operated on the fairgrounds during Horse Hoopla.
10. Operation of Golf Carts/UTVs should be kept to a minimum. Please do not drive through the crowd to get somewhere. If you can walk, then walk. Please use common sense!!
11. Operator of Golf Cart/UTV may transport supplies and people in the vehicle in a safe manner. Riding in bed is permitted as long as it's done so safely. Standing in the bed, riding on the sides, riding backwards on the dash of Golf Cart/UTV is prohibited.
12. The use of illegal drugs/alcohol is strictly prohibited while operating or riding in a Golf Cart/UTV.
13. Only those Golf Carts/UTVs authorized by the committee will be allowed to operate on Fair Hill property. The primary use of the Golf Carts/UTV is for the operation and maintenance of Horse Hoopla. If you have a specific reason for bringing one and wish to apply for a permit, then please complete the application for permit. It will be subject for approval or denial by the committee.
14. The owner of the Golf Cart/UTV must bring their Golf Cart/UTV to the committee between the hours of 6-9 am on the first day of Horse Hoopla to be visually inspected. At that time you will be told if you've been approved or denied the permit.
15. The Golf Cart/UTV committee chairperson has the final say and decision regarding any matter involving rules and regulations. NO EXCEPTIONS!

**2019 CECIL COUNTY 4-H
GOLF CART/UTV REGISTRATION REQUEST FORM**

Applications are due no later than July 25, 2019 by 9 AM and must be submitted to the committee.

Please present a \$25 deposit at time of request. Once approved, you will be required to provide a copy of insurance. Approved registrants will receive a permit number.

NAME: _____

ADDRESS: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

NEED: (Please indicate why you are requesting the privilege)

Copy of Insurance Information Received: _____ Yes _____ No (Required)

I, _____,
have read the "Golf Cart Use and Safety Rules" and understand them in their entirety and agree to abide by the rules set forth by the Cecil County 4-H Program.

Signature _____

Date _____

DO NOT WRITE BELOW THIS AREA

Request Approved / Request Denied

Date: _____

Permit: # _____

Dates of Authorized use _____ - _____

Payment: _____ Receipt #: _____ Date: _____

Signature of Approver _____