



April 17, 2019

TO: 4-H Horse Hoopla Applicant

FROM: April Hall Barczewski  
Extension Educator  
4-H Youth Development  
Cecil County

*April Hall Barczewski*



Drawing by: Ariana Cordrey

Please find the enclosed youth registration packet for the Cecil County 4-H Horse Hoopla. Participants must be registered members in the Cecil County 4-H Program. Included in the Youth Registration packet are: Rules and Regulations; Application/Financial Assistance Application; Liability Release & Informed Consent Form; Maryland 4-H Event Health Form; Sunscreen and Bug Spray Authorization Forms; Maryland 4-H Code of Conduct; Specific Horse & Rider Details Form; Adult Volunteer Form/4-H Youth Chaperone Information Form and Horse/Rider/Stall Card. Adult UME Volunteer/Chaperones are asked to complete the Adult packet.

This event will be held at the Fair Hill Natural Resources Management Area (on the fairgrounds, race barns and surrounding areas) June 25-27, 2019 (3-days, 2-nights). Arrival and setup is from 6:00 to 8:00 A.M. on June 25. The event ends at 2:30 P.M. on June 27. Clean-up is on June 27 from 2:30 to 3:00 P.M. The clover/horseless track (which includes meals) is a day program and will run from 9 AM-5:30 PM on 6/25 and 6/26 and 9 AM-2:30 PM on 6/27. (Clover/Horseless Program limited to the first 10 registrants)

Completed applications (with fee and deposit) will be accepted on a *first come basis as space permits*. Registration is limited to 60 participants. Applications must be completed and returned to the University of Maryland Extension, Cecil County 4-H Horse Hoopla, 200 Chesapeake Blvd, Suite 1500, Elkton, MD 21921 by the following dates:

Early Bird Registration Fee (Received in the 4-H Office by **May 31, 2019**):

**\$135** per 4-H youth for 1<sup>st</sup> child bringing Horse, **\$125** per youth for 2<sup>nd</sup>, 3<sup>rd</sup> & 4<sup>th</sup> child per family\*

**\$75** per 4-H clover participant **\$90** for Horseless participants

Late Registration Fee (Received after May 31 and by June 7 in the 4-H Office):

**\$180** per 4-H youth for ALL participants bringing Horse

**\$110** per 4-H clover participant plus a \$35 late fee=**\$100**, **\$125** for Horseless participants

**\*For family discount participants must live at the same address, Clovers/Horseless participants don't count in family discount**

All registration papers must be received by May 31, 2019 in the Cecil County 4-H office. If not a \$35 late fee will be added to the registration. Limited financial assistance is available for those that qualify (See the back of the enclosed application for details)

**Stall Cleaning Deposit: \$25** (will be returned after the event – pending clean tack stall, sleeping, and surrounding areas checked by the barn manager)

Each 4-H youth participant will receive one Horse Hoopla t-shirt. Additional t-shirts are available for **\$10** each.

Refunds will be given with a doctor or veterinary note.

Camper pads are available (electric & water hookups) for an additional **\$35 per night** fee. Camper pads are only available on a first come basis, as space permits. Youth and chaperones can set up camper/tent sites with no hookups for free, or stay overnight in their tack stalls. Additional stalls can be rented for **\$15 per night**, if any extras are available.

**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.**

"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."

"If you need special assistance to participate in horse hoopla, please contact the Extension Office at 410-996-5280 by May 15, 2019.

## RULES AND REGULATIONS – HORSE HOOPLA

Please read the following carefully. Anyone found violating these rules, or that horses do not meet the requirements, will be asked to leave. There will be NO REFUNDS if you are dismissed. Hoopla committee members have the final say on any decision made. If you feel you cannot follow these rules, or the horse you would like to participate with cannot meet the requirements as outlined, please do not apply.

### Horse Requirements

1. Horses are expected to be quiet enough to participate in groups as large as 20.
2. Horse must be able to be stalled for the majority of the time they are at the event.
3. Horses should not be aggressive or dangerous animals to be around.
4. No stallions.
5. Green horses are allowed as long as they are easily managed by the 4-H'er.
6. Copy of Negative Coggins, dated within the last 12 months as of June 27, 2019, sent in with forms.
7. The horse must be one which the 4-Her is familiar with and has worked with prior to Horse Hoopla.
8. The Horse Hoopla committee reserves the right to limit any and all activities as they pertain to the safety of the horse & rider.

### Horse Hoopla Rules

1. **All forms and payments** must be received postmarked and/or in the Cecil County Extension Office by May 31, 2019 in order to participate or a late fee of \$35 is incurred.
2. All clinic rules apply upon arrival.
3. 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.
4. 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.
5. Participants must wear suitable hard soled closed toe shoes or boots, with heels when mounted, at all times while in the barn and show ring areas, both mounted and on the ground-NO EXCEPTIONS. Riders must wear properly secured headgear passing American Society of Testing Materials (ASTM) and Safety Engineering Institute (SEI) standards at all times while mounted. Headgear must carry ASTM and SEI seals. Exhibitors must wear long pants at all times while mounted.
6. No bare feet or sandals are allowed to be worn on the grounds - **ONLY** in the showers.
7. One piece bathing suits or tankinis are required for Barn Yard Olympics night. Two piece bathing suites are not permitted.
8. Only registered participants and approved chaperones are allowed to spend the night.
9. Use straw only in stalls; absolutely **NO** shavings! The only exception is that all shavings are hauled away by the participant and not left on the grounds.
10. Only the participant is allowed on his/her own horse.
11. To be eligible to participate, you must carry the horse or horseless project.
12. No riding allowed after the final scheduled riding time of the day.
13. Stalls are expected to be kept free of manure and fresh water kept supplied at all times for your horse.
14. You are expected to cool off your horse properly and clean them up after riding.
15. The general public is not invited. Parents are welcome as spectators only, unless they have volunteered in advance to help.
16. Parents are requested not to interfere with the planned program.
17. If your horse is a known kicker, please make sure a red ribbon is kept tied in its tail at all times.
18. No switching of stalls (tack and/or horse) is permitted once they are assigned.
19. No horse may be put in any stall other than their own, even temporarily.
20. Tack and feed will be kept in tack stalls, not in the aisle ways.
21. Any horse found to be destroying their stall will be asked to leave, with no refund permitted.
22. All stalls (horse and tack) areas in front of stalls and sleeping areas must be cleaned and inspected by a committee member prior to the deposit check being returned.
23. All horses must be removed by 2:30 PM and areas cleaned by 3:00 P.M. on Thursday, June 27, 2019.
24. All 4-H'ers will participate in all scheduled events unless prior arrangements are made with the Hoopla committee.
25. All youth, 4-H age 18 and under are required to wear a helmet when riding a bicycle, scooter or equivalent.
26. Only Horse Hoopla participants, their chaperones & volunteers are permitted to participate in meals. If you would like to participate in meal times, you are required to volunteer a minimum of 4 hours during Hoopla.
27. All youth, 4-H age 18 and under that are **NOT** registered as a participant in Horse Hoopla need to have prior permission of the 4-H educator in order to attend.
28. If you plan to bring a Golf Cart/UTV, please refer to the Horse Hoopla Golf Cart/Utility Task Vehicle usage rules.
29. All Horse Hoopla committee decisions are final.
30. The final and most important rule: **YOU MUST HAVE FUN!!!!**



## 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





**Application for  
Cecil County 4-H Horse Hoopla!!!  
June 25, 26, & 27, 2019  
Fair Hill, MD**



**3 days and 2 nights, all meals and educational materials included**

**Early Bird Registration fee** (received in 4-H office by May 31, 2019): **\$135 for 1<sup>st</sup> child, \$125 for additional child in family**

**Late registration fee** (received after May 31 and by June 7): **\$180**

**\$25 Stall Cleaning Fee** (Not Deposited and Returned after Checking Cleaned Stalls on June 27, 2019)

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Parent's Cell Phone Number: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Youth Cell Phone Number: \_\_\_\_\_

Youth's E-mail: \_\_\_\_\_ 4-H Club: \_\_\_\_\_

Riding Instructor: \_\_\_\_\_ Instructor's Phone Number \_\_\_\_\_

Chaperone's Name: \_\_\_\_\_ Chaperone's Email: \_\_\_\_\_

Do you plan to set up Monday night:  Yes  No (Contact Elaine for Specifics 410-920-0257)

Who would you like to share a tack stall with? 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_

Would you like an extra tack/sleep stall for \$15 per night, if available?  Yes  No

T-Shirt Size:  Adult XS  Adult S  Adult M  Adult L  Adult XL

Copy of Negative Coggins Included

Specific Horse and Rider Details Form Included

Please make all checks payable to **CCEAC** (Cecil County Extension Advisory Council)

**Registration Fees: In 4-H Office by May 31, 2019**

**\$135** per 4-Her w/Horse (\$125 for 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> child) \$ \_\_\_\_\_

**\$90** per 4-Her w/o Horses (Horseless track) \$ \_\_\_\_\_

**\$75** per clover youth \$ \_\_\_\_\_

**\$35** per night for Camper Pad (electric/water hookup) \$ \_\_\_\_\_ for \_\_\_\_\_ nights.

**\$15** per night additional stall fee (if available) \$ \_\_\_\_\_ for \_\_\_\_\_ nights

**\$10** Extra t-shirts \$ \_\_\_\_\_

Extra T-Shirt Size(s):  Adult XS  Adult S  Adult M  Adult L  Adult XL

**TOTAL** \$ \_\_\_\_\_

**\$25** Additional Stall Cleaning Deposit \$ \_\_\_\_\_ (Separate Check)

**Late Registration Fees: Received in 4-H Office after May 31, 2019 and before June 7, 2019**

**\$180** per child w/Horse \$ \_\_\_\_\_

**\$125** per child w/o Horses (Horseless track) \$ \_\_\_\_\_

**\$110** per clover youth \$ \_\_\_\_\_

**\$35** per night for Camper Pad (electric/water hookup) \$ \_\_\_\_\_ for \_\_\_\_\_ nights.

**\$15** per night additional stall fee (if available) \$ \_\_\_\_\_ for \_\_\_\_\_ nights

**\$10** Extra T-Shirts \$ \_\_\_\_\_

Extra T-Shirt Size(s):  Adult XS  Adult S  Adult M  Adult L  Adult XL

**\$25** Additional Stall Cleaning Deposit \$ \_\_\_\_\_ (Separate Check)

For Office Use Only	
Check Amount	_____
Check Number	_____
Stall Cleaning Deposit:	
Check Amount	_____
Check Number	_____
Forms Received:	
Application	_____
4-H Release, Waiver & Discharge	_____
Chaperone Form	_____
Adult Release, Waiver & Discharge	_____
Event Health Form	_____
Signed 4-H Behavioral Expectations	_____
Copy of Negative Coggins	_____
Specific Horse & Rider Details Form	_____
Horse/Rider Stall Card	_____

# CECIL COUNTY 4-H HORSE HOOPLA

## Financial Assistance Application

### FOR OFFICE USE ONLY

Awarded: \$ \_\_\_\_\_

or Reason for Rejection:

YOUTH NAME \_\_\_\_\_

PARENT/GUARDIAN \_\_\_\_\_

NUMBER OF CHILDREN IN FAMILY: \_\_\_\_\_

FINANCIAL ASSISTANCE REQUEST: \$ \_\_\_\_\_ (Varies with potential full scholarship)

List ALL family income - amount and source (include AFDC, child support, salaries, etc.)

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(Verification may be requested)

WHY DOES YOUR CHILD NEED HORSE HOOPLA ON FINANCIAL ASSISTANCE?

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### ESSAY: Youth must submit an essay of at least 250 words on the following topic: Why I would like to attend 4-H Horse Hoopla?

"I understand that: 1) distribution of financial assistance will be made solely on the basis of information presented above; 2) this information will be totally confidential within the financial assistance selection committee; 3) A MAXIMUM SCHOLARSHIP OF \$30.00 CAN BE AWARDED (family is responsible for the balance of fee); 4) financial assistance will be awarded to qualified applicants on a first come basis as funding permits. The information provided is complete and correct to the best of my knowledge."

\_\_\_\_\_  
(Parent/Guardian Signature)

Date: \_\_\_\_\_

Mail form to:

University of Maryland Extension-Cecil County  
County Administrative Building  
200 Chesapeake Blvd, Suite 1500  
Elkton, MD 21921

"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."

"If you need special assistance to participate in horse hoopla, please contact the Extension Office at 410-996-5280 by May 15, 2019."



## 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

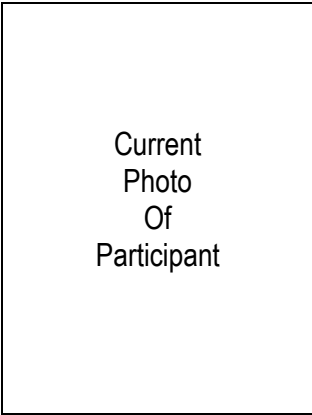
\_\_\_\_\_  
\*Parent/Guardian's Signature

\_\_\_\_\_  
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>



# 4-H Horse Hoopla Sunscreen Authorization Form

Dear Parents:

The Maryland Department of Health and Mental Hygiene has adopted a policy regarding the use of sunscreen. In order to operate in the state of Maryland, we must abide by the policy as outlined below.

Please read the following regarding use and application of sunscreen. The authorization statement must be completed and submitted along with sunscreen labeled for your youth (one form and bottle per youth) on the first day of the event, at the start of each subsequent week, if the brand of sunscreen changes, or if a new bottle is supplied at any time.

Please address questions about this policy to your coordinator.

### MARYLAND 4-H SUNSCREEN POLICY

1. Each youth's parent/guardian must provide written permission for use and application of sunscreen on their child.
2. Sunscreen containers must be clearly labeled with the youth's name and must be provided to the volunteer chaperone at check-in. This signed authorization form must be submitted along with the sunscreen.
3. Youth should, in most instances, apply the sunscreen on their own. If assistance is needed it will be provided by volunteers ONLY if specifically authorized (see below).
4. For day attendees, youth need to have sunscreen applied to them by the parent/guardian BEFORE arriving, not when dropping off.

### MARYLAND 4-H SUNSCREEN AUTHORIZATION

*(Complete and sign appropriate block below)*

Youth's Name: \_\_\_\_\_ Youth's Age: \_\_\_\_\_

Brand of Sunscreen: \_\_\_\_\_ SPF: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I give permission for my child's volunteer chaperone to assist in applying sunscreen to my child. I understand that this may require the volunteer to touch my child's face, shoulders, back, arms, and lower legs. Sunscreen will be applied in the presence of other volunteers. I understand that volunteers will not apply sunscreen to my child's front torso or upper legs, but will assist and/or direct the child to do so.

In the event my child does not bring sunscreen to the event and conditions warrant its use, by my signature below, I authorize my child's chaperone to use supplies of sunscreen, and to apply this sunscreen to my child's body as described above.

\_\_\_\_\_  
Parent/Guardian's Printed Name                      Parent/Guardian's Signature                      Date

**OR**

I DO NOT give permission for my child's volunteer chaperone to assist in applying sunscreen to my child.

\_\_\_\_\_  
Parent/Guardian's Printed Name                      Parent/Guardian's Signature                      Date

Youth's Name \_\_\_\_\_

Youth's Age \_\_\_\_\_

**INSECT REPELLENT APPLICATION AUTHORIZATION**

In fighting the elements, we will be diligently doing our best to care for your child. May we have your permission to apply insect repellent, as we see fit, during Horse Hoopla?

If you are sending preferred bug spray with your child, PLEASE MARK BUG SPRAY WITH YOUR CHILD'S NAME.

- I give permission for my child's volunteer chaperone to assist in applying bug spray to my child. I understand that this may require the volunteer to touch my child's face, shoulders, back, arms and lower legs. Bug spray will be applied in the presence of other volunteers. I understand that volunteers will not apply bug spray to my child's front torso or upper legs, but will assist and/or direct the child to do so. In the event my child does not bring bug spray to the event and conditions warrant its use, by my signature below, I authorize my child's chaperone to use supplies of bug spray, and to apply this bug spray to my child's body as described above.
  
- I DO NOT give permission for my child's volunteer chaperone to assist in applying bug spray to my child.

Please sign below to agree to the above statements.

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# Maryland 4-H Youth 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 COUNTS<sup>SM</sup> 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 participants 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 other program participants, 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 participate. 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 participate in 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 use illegal or illicit substances such as tobacco, alcohol, or drugs. 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.

<sup>SM</sup>CHARACTER COUNTS! Is a service mark of the CHARACTER COUNTS! Coalition, a project of the Josephson Institute of Ethics.

# Maryland 4-H Youth Code of Conduct Agreement

**Youth Code of Conduct:**

Maryland 4-H expects youth participating in programs to behave in an acceptable manner and in accordance with the Maryland 4-H Code of Conduct outlined on the reverse of this document. 4-H participants who engage in unacceptable conduct are subject to discipline. Youth 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
- Possession or use of weapons or dangerous materials
- Possession or use of tobacco products
- Misuse of prescription or non-prescription drugs or substances
- Sexual activity
- Lying, cheating, misrepresenting project work, or other unethical practices
- Unauthorized absence from program site
- 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, transmit, post, or willingly receive unacceptable content such as that containing profanity, advocacy of use/possession of alcohol or drugs, violence, sexual misconduct, nudity, etc

**Maryland 4-H Disciplinary Policy and Procedures:**

A participant in a 4-H program who engages in conduct that may jeopardize the health or safety of the participant, other people, or the integrity of 4-H will be immediately dismissed from the program or activity. This determination and dismissal will be made at the discretion of the University of Maryland Extension (UME) faculty/staff member or UME volunteer in charge of the program or activity. The dismissed youth participant’s parent or guardian will be responsible for providing transportation away from the program or event.

Following dismissal from a program, the 4-H participant and his/her parent or guardian will be notified in writing of the nature of any unacceptable conduct for which sanctions, up to and including suspension or dismissal from 4-H programs or activities, are being considered. 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 4-H participant. The 4-H participant’s parent/guardian will be present at this meeting. At the discretion of UME or at the request of the 4-H participant, a committee may be appointed by UME to review the matter.
- Following the meeting, the 4-H participant and his/her parent/guardian 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 4-H participant 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 4-H participant’s appeal. The 4-H participant and his/her parent/guardian 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 4-H participant receives notice of the decision. The 4-H participant and his/her parent/guardian 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 am aware that my actions and decisions affect me and others and that poor actions or decisions may result in my loss of privileges for current and future 4-H programs. I will accept the appropriate and logical consequences of my actions, as determined by Maryland 4-H.

\_\_\_\_\_

4-Her’s Printed Name 4-Her’s Signature Date

As the parent/guardian of \_\_\_\_\_, 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 my child and other 4-H youth and families. I will support the individual in charge of maintaining appropriate behavior at 4-H programs, events, and activities. I agree to accept the appropriate and logical consequences of my child’s actions as determined by Maryland 4-H and the University of Maryland Extension.

\_\_\_\_\_

Parent/Guardian’s Printed Name Parent/Guardian’s Signature Date

### SPECIFIC HORSE & RIDER DETAILS FORM

Name \_\_\_\_\_ 4-H Club \_\_\_\_\_ Age \_\_\_\_\_

**The rider:** \_\_\_\_\_ English \_\_\_\_\_ Western (Check which discipline you would like to participate in at Horse Hoopla)

Do you consider yourself a: \_\_\_\_\_ Beginner \_\_\_\_\_ Beginner Intermediate \_\_\_\_\_ Advanced Intermediate \_\_\_\_\_ Advanced

Have you had any previous riding instruction? \_\_\_\_\_ Yes \_\_\_\_\_ No Please explain: \_\_\_\_\_

Riding Instructor: \_\_\_\_\_ Instructor's Phone Number \_\_\_\_\_

Regular height you jump during lessons: \_\_\_\_\_

What skills do you most want to learn or improve while at Hoopla (mark all that apply)? \_\_\_\_\_ Show preparation \_\_\_\_\_ Judging  
\_\_\_\_\_ Trail class preparation \_\_\_\_\_ Management techniques \_\_\_\_\_ Showmanship \_\_\_\_\_ Handling & safety  
\_\_\_\_\_ Other (explain) \_\_\_\_\_

What are your special needs? \_\_\_\_\_

#### The Horse you are bringing to Horse Hoopla:

Horse's Name: \_\_\_\_\_ Breed: \_\_\_\_\_ Sex: \_\_\_\_\_ Age: \_\_\_\_\_

Have you ever attended Horse Hoopla before with your horse? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many years? \_\_\_\_\_

Is your horse (mark the correct answer): \_\_\_\_\_ Green broke? \_\_\_\_\_ Well broke? \_\_\_\_\_ In training? Please explain horse's level of training: \_\_\_\_\_

How long have you ridden the horse you are bringing to hoopla? \_\_\_\_\_

What experience level are you at with this horse? Please explain: \_\_\_\_\_

What kind of riding/training problems do you have with your horse? Please explain: \_\_\_\_\_

Do you trail ride your horse? \_\_\_\_\_ Yes \_\_\_\_\_ No Can your horse jump? \_\_\_\_\_ Yes \_\_\_\_\_ No Maximum height? \_\_\_\_\_

Have you ever done cross country with your horse? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, what level? \_\_\_\_\_

Would your horse be considered a primarily a pasture horse or stall horse? Please explain: \_\_\_\_\_

What types of behavior problems do you have with your horse? \_\_\_\_\_ Biting \_\_\_\_\_ Kicking \_\_\_\_\_ Tying \_\_\_\_\_ Tacking up \_\_\_\_\_ Health  
\_\_\_\_\_ Stalling \_\_\_\_\_ Trailering \_\_\_\_\_ Other (Please explain): \_\_\_\_\_

Is your horse's health and condition suitable to participate in a rigorous 3 day program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list any lameness concerns: \_\_\_\_\_

What are your horse's special needs/other health concerns: \_\_\_\_\_

## 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.

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## 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."





# Horse & Rider Stall Card



**HORSE:** \_\_\_\_\_

**RIDER:** \_\_\_\_\_

Rider Phone: \_\_\_\_\_ Parent Phone: \_\_\_\_\_

Veterinarian: \_\_\_\_\_ Veterinarian Phone: \_\_\_\_\_

Chaperone: \_\_\_\_\_ Other Contact: \_\_\_\_\_

Additional Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_