

"BOOT CAMP" SESSIONS

Participants of 4-H Horse Camp are divided in experience levels: Beginners (The Ariats) and Beginner Intermediates (The Justins).

Session #1: Trust & Ground Work (Ariats)
Showmanship (Justins)

Session #2: Showmanship (Ariats)
Ring Etiquette (Justins)

Session #3: Basic Pattern Work (Ariats)
Driving (Justins)

Session #4: Driving (Ariats)
Pattern Work (Justins)

If you have any questions, please feel free to contact:

*Laura Rohlf, Program Coordinator, 4-H
at 419-592-0806*

All educational programs conducted by the Ohio State University Extension are available to clientele on a nondiscriminatory basis without regard to race, color, creed, religion, sexual orientation, national origin, gender, age, disability or Vietnam-era veteran status.

BOOT CAMP



Henry County 4-H
Horse Camp
June 3-4, 2011
Henry County Fairgrounds,
Napoleon OH

This is *NOT* your ordinary **BOOT CAMP!**

Put your cowboy boots on and boot-scoot on over to the Henry County 4-H Horse Camp June 3 and 4th, 20011. The camp counselors and volunteers want to help 4-H horse project members gain confidence in working with their horses. Whether you ride Western or English, enjoy riding trails or want to show competitively, or simply want to learn more about safe handling of horses, **BOOT CAMP** is for you!

Campers will have a fun, boot full of learning experiences including sessions on grooming, handling and caring for horses, living cooperatively (camp life!) and making new friends from all over northwest Ohio. The camp is designed for Beginner and Beginner Intermediate level riders only. Bring your horse OR just your self... you will learn regardless (CAUTION: We do not provide horses for this camp).

Registration fee includes meals, a camp photo and a t-shirt. This year we are asking campers to bring their most worn pair of cowboy boots they have.... there will be a contest to determine the camp's "WORST WORN BOOTS". Be sure to ask mom/dad if you can use this pair of boots for the camp craft as well.

By offering a balance of riding activities, horse related knowledge sessions and traditional camp activities, all participants will have the opportunity to learn, grow and have a great time! I hope you can join us.

Sincerely,

Laura A. Rohlf
Program Coordinator, 4-H Youth Development

HOW DO I REGISTER???

Don't delay in registering... Camp is limited to 30 registrants! Fill out the registration form and return it along with the \$35.00 registration fee (Payable to OSU Extension-Henry County) by May 25th to:

OSU Extension-Henry County
Attn: Laura Rohlf
104 East Washington St. #302
Napoleon OH 43545

BOOT CAMP Schedule

Friday~ June 3rd

6:00 p.m.	Registration & Walking Taco Supper
7:15 p.m.	Camp Photo
7:30 p.m.	"Kick-Up Some Trouble" Skit
8:00 p.m.	Barn Low-Down
8:00 p.m.	Session #1
9:30 p.m.	Knowledge Session
10:00 p.m.	Boot-Scoot'n Bag O'Fun
10:45 p.m.	Check Horses
11:15 p.m.	Pull Your Boots Off~Lights Out

Saturday~ June 4th

7:00 a.m.	Rise & Shine
7:30 a.m.	Breakfast
8:00 a.m.	All Horse Warm Up
9:00 a.m.	Session #2
10:30 a.m.	Session #3
12:00 Noon	Lunch
12:30 p.m.	Step-Up Your Nutrition Knowledge
1:30 p.m.	Session #4
3:15 p.m.	Stomp-Up Some Beauty
4:00 p.m.	Pizza & Presentations to Campers
4:30 p.m.	Prepare for Mock Show
5:00 p.m.	Horse Showing #101
	Mock Horse Show
6:30 p.m.	Camp Dismissed

"BOOT CAMP"

2011 Henry Co. 4-H Horse Camp Registration

Return no later than May 25th with \$35.00 registration fee \$45.00 after May 26th*

Name: _____ Age as of 1/1/11: _____

Address: _____
(Street/Box Number) (City) (State)

Telephone: _____ Emergency Phone#: _____

Parent's Name: _____

Special Dietary Needs: _____

T-Shirt Size (Adult Sizes): ___XL ___L ___M ___S

Are you bringing your horse? ___YES ___NO

Will you be staying for the mock horse show? ___YES ___NO

Will your parents be attending the mock horse show? ___YES ___NO

CHECK ALL THAT APPLY TO YOU:

- ___ I have little or no riding experience.
- ___ I require assistance in tacking and other horse management.
- ___ I have limited control of my horse at some/all gaits.
- ___ I do not know how to execute leads on my horse.
- ___ I can control my horse at all gaits through changes of direction.
- ___ I am able to correctly manage and tack my horse with little or no assistance.
- ___ I know basic horse care, feeding, veterinary/first aid practices for my horse.
- ___ I am able to work calmly in new situations or with an unruly horse.
- ___ I am knowledgeable about horse nutrition, horse keeping, tack fitting and veterinary/first aid for my horse.
- ___ I am able to maintain correct balance, pace, bend and impulsion in all gaits and transitions.

CHECK ALL THAT APPLY TO YOUR HORSE:

- ___ Does not have experience away from home.
- ___ Beginning to bend both directions.
- ___ Does not lunge.
- ___ Executes gaits and commands quietly.
- ___ Does not know how to stop.
- ___ Lunges without problems.
- ___ Appears not to listen to rider's commands.
- ___ Listens attentively to rider.
- ___ Calm and steady in nearly any situation.
- ___ Receptive to new ideas.
- ___ Executes all gaits consistently when asked.

Further Details for Boot Camp 2011

1. For the Camper:
 - A. Personal hygiene items (toothbrush, tooth paste, deodorant, soap)
 - We have limited facilities for the camp- no showers will be taken.
 - Campers will have access to the restrooms 24-7 during camp.
 - B. Bedding= Campers may choose to bring a cot or air mattress to sleep on. Sleeping bag and/or blankets and pillow should be brought as well.
 - C. Campers are welcome to bring snacks of their own choice. However, we will be providing campfire snacks and meals (supper, breakfast, lunch and "late afternoon" pizza). We will provide water and Gatorade for campers and staff.
 - D. Your oldest, most worn cowboy boots! They are for a contest AND for the camp craft--- be sure your parents know this!
 - E. Camp chair for the campfire.
 - F. HEALTH FORM= Please complete the attached HEALTH FORM and bring it with you to the camp. **DO NOT SEND THE HEALTH FORM WITH YOUR REGISTRATION!** The nurse will check over your completed form upon arrival at the camp.
2. For the Horse:
 - A. Feed (plenty of hay for 1 $\frac{1}{2}$ days and grain)
 - B. Water bucket, pitch fork, muck bucket (yep... you have to clean your own stall and areas around camp). You may bring a wheelbarrow if you so desire.
 - C. Bedding- enough for 1 $\frac{1}{2}$ days; your choice for type.
 - D. Tack & Equipment
 1. Halters (2)
 2. Lead rope with chain (1); Other lead rope of your choice
 3. Lunge line/rope
 4. Lunge whip
 5. Grooming supplies
 6. Tack~ saddle, bridle, saddle pad, etc.

HEALTH HISTORY/MEDICAL AUTHORIZATION FOR Henry County 4-H Horse Camp June 3-4, 2011

One form must be completed for each camp participant, whether camper or counselor. It is to be completed by parent/guardian of minors and by adults (age 19 and over) for themselves. This information will be kept confidential and used only for the welfare of the camp participant. **Please PRINT clearly!**

Camp: Henry Co. 4-H Horse Camp Date Camp Starts: June 3, ends June 4, 2011 Please circle: Male Female

Camper Name _____ Age _____ Date of

Birth _____

Mailing

Address _____
(Street & Number) (City) (State) (Zip)

In Case of Emergency, Contact:

Name of Parents/Guardians _____

Day Phone Number _____ Evening Phone Number _____ Cell/Pager _____

Other Person _____ Phone Number _____

Physician's Name _____ Phone Number _____

Dentist's Name _____ Phone Number _____

Instructions for Medication:

- (1) All medication MUST be brought in the container in which they were issued (with medical orders and physician's name intact.)
- (2) PLEASE PLACE ALL MEDICATIONS IN A ZIP-LOCK BAG WITH CAMPER'S NAME CLEARLY VISIBLE.
- (3) MEDICATIONS MUST BE TURNED INTO CAMP NURSE DURING REGISTRATION UPON ARRIVAL AT CAMP, SO IT IS BEST NOT TO PACK THEM INSIDE A SUITCASE .

My child has permission to carry his/her inhaler or Epi-Pen while at camp. He/she has been instructed on how to use the inhaler or Epi-Pen prior to attending camp. He/she will be responsible for possession and administration of this medication. Please list type _____ (Please place a check in the box, if applicable.)

Information about participant:

While at camp, if the camper has a medical problem (such as a headache, bee sting, injury, etc.) and needs treatment or asks the nurse for medication (such as Tylenol, etc.) **the nurse CAN only provide your child with the medication(s) checked below.** Please check the medication(s) your child may receive if deemed necessary and administered by the nurse.

Acetaminophen/Tylenol	Ibuprofen	Coriciden D	SwimEar-Rx	Aspirin
Robitussin Cough Syrup	Antiseptics	Antiacids	Pepto-Bismal	
Cough Drops	Caladryl/Poison Ivy Cream	Antihistimine/Decongestant	Kaopectate	

List approximate date if participant has had or has been exposed to:

Chicken Pox _____ Tuberculosis _____ Measels _____ Mumps _____
Scarlet Fever _____ Date of Last Menstrual Period _____

Check below if participant is subject to:

Frequent Sore Throat	Headaches	Fainting	Sleep Walking	Sinusitis
Frequent Colds	Convulsions	Kidney Trouble	Athlete's Foot	Diarrhea
Epileptic Seizures	Constipation	Heart Trouble	Bronchitis	Cramps
Ear Infections	Home Sickness	Bed Wetting	Asthma (Controlled-yes, no)	
Other - Specify				

Parent/Guardian:

Please check one of the boxes below, so that your wishes will be known in case of homesickness:

- I wish to be notified immediately if my child shows the first sign of homesickness.
- I will leave it to the discretion of the Camp Director as to whether or not the situation warrants notifying me as parent/guardian, should my child show signs of homesickness.

Special Treatment:

Allergies: Indicate if participant is allergic to:

Foods (specify) _____

Medication – (Prescription of non-prescription drugs, specify) _____

Serious Ivy, Oak, Sumac Poisoning: _____ Bee or Insect Stings: _____

Prescribed Treatment: _____

List all present Medical and Allergic conditions (contact lenses, braces, diabetes, etc.) which camp nurse should be aware of or which require medication, treatment, or special restrictions or considerations in participation.

Condition _____ Treatment _____

Condition _____ Treatment _____

Condition _____ Treatment _____

Specify any restrictions in activities: _____

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Immunizations:

To my best knowledge, my child has up-to-date immunizations which may include, but not limited to: Diphtheria/Pertussis (Whooping cough / Polio / Measles / Rubella / Mumps / Tuberculosis/ Hemophilus influenza (HIB). Others, please specify _____

(Please place a check in the box, if applicable)

My child has received the most recent **Tetanus Booster**. Date of last booster _____
(Please place a check in the box, if applicable)

Information regarding custody of child:

If there are any special circumstances regarding any individual(s) who should not be in contact with and/or have custody of this child, please explain on the lines provided below **and discuss the matter with the Camp Director upon registration at camp.**

Medical Authorization:

As parent/guardian of minor child (or person age 19 or over for self,) I give my permission for _____ (participant) to attend Camp and participate in the programs and activities, with the exception of those restricted activities listed above. I understand that participants will be responsible neither in the event of accidental injury or illness, nor for the compounded injury or illness to the participant's present medical condition. I further understand that in case of serious injury or illness, I will be notified. If I cannot be contacted (or in the case of person age 19 or over, if I am unable to give my consent at the time,) I give my permission to transport my child by appropriate means and to the attending physician to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for the participant as named above.

Release information:

The Henry Co. 4-H Horse Camp policy states that we must check every camper out of camp to ensure your child/children is going home with the appropriate person. Please complete the information below to inform us of who will be picking up your child/children from camp. If changes occur, you must notify us as soon as possible by calling Laura at 419-592-0806. We will not release your child to anyone other than the person listed below unless notified of a change.

I, _____ (parent/guardian), hereby authorize _____ to pick up my child/children from 4-H Horse Camp on Saturday June 4, 2011.

Signature of Parent or Guardian _____

If the camper will be arriving late or leaving early, it is necessary that the Camp Director be aware of your plans. Please place a check in the appropriate box, if applicable and provide information below:

Arriving Late (Provide pertinent information.) _____

Leaving Early (Provide pertinent information.) _____