



Mat-Su/Copper River 4-H Senior HORSE CAMP

Senior (Ages 13-18)

June 10th-12th, 2024

(Check-in 1pm Monday, June 10th – Check-out Wednesday, June 12th, at 11am)

PLEASE RETURN CAMP PACKET FORMS WITH PAYMENT

DROP OFF OR MAIL FORMS TO THE COOPERATIVE EXTENSION (CES) OFFICE AT: 1509

Georgeson Dr., PALMER, AK 99645

2024 HORSE CAMP FEES	
Camp Fee	\$280.00
Late Fee (After May 31st)	\$50.00 <i>Note: No packets accepted after June 5th</i>
Stall deposit	\$20.00 (refunded on checkout of clean stall)
Non-Volunteer Fee (If parent cannot volunteer 6 hours)	\$50.00
Total Enclosed	

- **Seniors** ~ If you desire to be a camp counselor at the junior camp for a 50% discount on your camp, please contact Sarah Rodriguez @ (907)354-8033 for an application (due 4/26).

**Payment in full is required to reserve your spot. * Checks payable to Mat-Su 4-H Horse Council*

A COPY OF YOUR HORSE'S CURRENT EIA AND HORSE CERTIFICATE SHOULD BE ON FILE AT THE CES OFFICE IN PALMER BY June 1st. HORSES ARE NOT ALLOWED AT THE FACILITY WITHOUT A CURRENT EIA. WE RECOMMEND THAT YOU KEEP A COPY OF BOTH DOCUMENTS IN YOUR TRAILER AT ALL TIMES.

THIS YEAR WHEN THE VET COLLECTS YOUR HORSE'S EIA SPECIMEN, PLEASE ASK THEM TO CHECK TO MAKE SURE YOUR HORSE IS HEALTHY ENOUGH TO ATTEND 4-H HORSE CAMP.

As a courtesy, if your horse has been exposed to strangles or any transferable disease, it should be free from symptoms for 14 days after exposure before it is brought to a horse activity.

Note that 1 bale of bedding will be available for you. Stalls will be required to be stripped prior to the return of your stall deposit.

CAMPER'S CONTRACT – I promise to abide by the 4-H Horse Camp rules. I understand that if I do not abide by the camp rules I will be subject to the "2 Strike Rule" where my parents will be notified and I will be excluded from the remainder of camp.

Camper Signature _____ Date _____

Mat-Su/Copper River 4-H District

SENIOR HORSE CAMP REGISTRATION

Camp: June 10-12, 2024

FORMS DUE: May 31st!!! NO LATE PACKETS ACCEPTED AFTER AFTER June 5th!

Camper's Name:		Phone #:	
Last Grade Completed	Age:	Male/Female:	
Club Name:			Leader's Name
Parent(s)/ Legal Guardian			Work Phone:
Mailing Address:			Home Phone:
City/State/ Zip			Cell Phone:
Emergency Contact:			Emergency Phone #:

Riding Ability	
Walk	
Trot	
Canter	

How many years has the camper been:	
Riding?	
Attending Camp?	

Do you prefer English Riding or Western Riding? _____

Horse's Name:		Mare or Gelding?	
Horse's Owner:	If borrowed, please attach owner's permission slip.		
<i>Does your horse need to be stalled next to any particular horse?</i>	<i>Please list other horse & owner's name:</i>		
Remember horses that kick or bite need to have a red ribbon tied in the forelock or tail			

CAMPER OVERNIGHT INFORMATION - PLEASE CHECK ONE

	My child will be going home at night to sleep (leaving by 9:00 pm each night).
	My child will stay at camp with a counselor at night.

Campers will **NOT** be permitted to leave the grounds at any time unless they have signed out with the camp director. Families are welcome to participate. However, parents are responsible for any non-riding children that are on the grounds. A child may be picked up from camp only by the parent or legal guardian listed on this form by showing proper identification or unless otherwise specified on this form. **ALL** persons authorized to pick a child up from camp must show their ID or be known by camp staff.

I authorize the following person(s) to pick up my child: _____

Parent/Legal Guardian Signature: _____

VOLUNTEER SIGNUP

June 10 at 1pm –June 12 at 11am, 2024

4-H Horse Camp is run entirely by volunteer workers, this includes camp committee members. All parents must volunteer a minimum of 6 hours while their child is in camp. If a parent is unable to fulfill this obligation, an adult family member or friend may complete the required 6 volunteer hours or pay a \$50 non-volunteer fee. *Note: Due to safety reasons, we are asking all volunteer parents to please be responsible for your children even when volunteering. We would like this to be a family function, but need to ensure the safety of all.*

Please check next to all items that you are willing and able to contribute to making this 4-H event an incredible experience. Thank you for volunteering and helping create lasting memories for our children!

Mon	Tues	Wed	
			Meals Prep/Serving
N/A			Morning
		N/A	Afternoon
		N/A	Evening
			Photographer
			Barn Rover/General Help
N/A			Morning
		N/A	Afternoon
		N/A	Evening

Mon	Tues	Wed	
			Kitchen Cleaning
		N/A	Evening
			Arena Help
N/A			Morning
		N/A	Afternoon
			OTHER (please list)
N/A			Morning
		N/A	Afternoon
		N/A	Evening

Parent Volunteer Name: _____ Contact phone number: _____

I give my permission for a veterinarian to treat my horse in case of emergency. I will assume financial responsibility for said care and will pay or make arrangements to pay the veterinarian before the close of camp. I understand an attempt will be made to reach me before a veterinarian is called.

My veterinarian of choice is (if available)

Name & Phone Number _____ Signature of Owner _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.