

2007 4-H HORSE APPROVAL FORM

DIRECTIONS FOR COMPLETING THIS FORM FOUND ON BACK SIDE. MUST BE FILLED IN COMPLETELY IN BLACK INK OR TYPED.



County: _____ Member's Name: _____ Phone: _____ Age on Jan. 1, 2007: _____

Mail Address: : _____ City/State: _____ Zip Code: _____ Club: _____

Do you need any physical or educational accommodations in order to participate fully in 4-H Animal Science activities and events? Yes No

Accommodation Needed: for instance, help reading a quiz, modified equipment, etc.) _____

Horse Name and Registration Number (if registered)	Proposed Division	D.O.B. Mo./Day/Yr.	Sex	Breed	Height	Owned or Leased	Date Owned or Leased*	Picture or Description of Horse (Attach Photo on Back)

This certifies that the above exhibitor is a 4-H member in good standing and the animals listed above the County 4-H Extension Educator's signature are eligible to be shown by this member. (County Extension Educator, 4-H will sign and date form on the line following the last entry.) Educator will use date the form is received in office.

Registration papers should be available upon request. Animals to be shown by you in any 4-H classes this year must be listed on this form which shall be submitted to your County Extension Educator, 4-H on or before:

APRIL 1: HORSES qualifying to show at the Eastern States 4-H Horse Show.

MAY 1: All other horses to be shown at 4-H Shows or in 4-H classes.

This report with Extension Educator's signature must be presented to Superintendent of each 4-H Show in which you participate, and must agree with information on registration papers.

*LEASED ANIMALS - If animal is leased, a copy of lease record (in the exhibitor's name) must be attached and the lease MUST be in effect on or before the approval form deadline.

HELMET RELEASE FOR 4-H EQUESTRIANS

My child will be participating in the 4-H Horse Program. I understand that all youth enrolled in the NH 4-H program must wear a properly fitted equestrian safety helmet which carries ASTM-SEI approval with secured chin harness properly fastened at all times when mounted on an equine or in a vehicle being pulled by one or more equines.

I further understand that it is the responsibility of the rider and the parent/guardian of the minor rider to see to it that the headgear worn complies with such approved standard and carries the proper seals and is properly fitted and in good condition. University of New Hampshire Cooperative Extension, organizing committees, and licensed officials are not responsible for checking headgear worn for such compliance.

University of New Hampshire Cooperative Extension makes no representation or warranty, expressed or implied, about such headgear, and cautions riders and parents/guardians that serious injury may result despite wearing such headgear as no helmet can protect against all foreseeable injuries in equestrian sports.

4-H members are responsible for the accuracy of all information provided. The Extension Educator's signature is verification of date of submission only. No changes or additions are to be made to this Approval Form without an Extension Educator initialing the change.

Leader Signature

Parent Signature

Member Signature



MEMBER INSTRUCTIONS FOR COMPLETING 4-H HORSE APPROVAL FORM

On your Approval Form list all 4-H project horse(s) to be shown. (Hint: It is usually best to include all eligible project animals...your favorite might not be feeling well on show day.) PRINT IN PEN. Complete the form including your mailing address with zip code and your age as of 1/1 of the current year. List one animal per line. Do not skip any lines. Print clearly.

1. **Horse name and I.D.:** List the horse(s) name, as it appears on their registration or lease paper. If unregistered, list the name and number you use for that animal. If registered, also list the registration number.
2. **Proposed division:** List probable divisions in which you intend to show this horse. (See NH Horse Show Rule book for further description of divisions).

SR-Senior JR-Junior WTA-walk/trot A WTB-walk/trot B
WTCA-walk/trot canter A WTCB-walk/trot canter B

W-Western H-Hunt S-Saddleseat D-Driving G-Gymkhana

For example: Jr. Hunt/Driving = JRHD.

3. **Date of Birth (DOB):** Enter the animal's date of birth.
4. **Sex:** Enter the sex of the animal - Mare or Gelding
5. **Breed:** Enter specific breed or crossbreed.
6. **Height in Hands:** Enter height in hands - a hand is equal to four inches.
7. **Owned or Leased:** Choose from the drop-down menu by clicking on the arrow if you are using the fill-in form OR indicate Owned (O) or Leased (L) in this space, if you are using the pdf version. Registration papers or record of lease **MUST** be in the exhibitor's name. 4-H horse members may lease up to two horses if they own no horses, one additional horse if they own one.
8. **Date Owned or Leased:** Print in date bought or leased horse. This date should correspond to the date bought or leased listed on lease record form or registration papers. The lease must be in effect on or before the approval form deadline for that animal.
9. Replacement animals are not allowed after approval form deadline. In the case of animal death - please see your county Extension Educator and refer to NH 4-H Policy on Replacement Animals.
10. **Description:** A complete description including any distinguishing marks should be given. A photo is preferred and may be attached to the back of the form.

Submit this form to your Extension Educator, 4-H prior to the proper date. The Extension Educator will sign, date, and validate your form prior to returning it to you.

Forms not filled out properly will be returned. It is the member's responsibility to correct the form and return it to the 4-H office by the deadline.

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NEW HAMPSHIRE 4-H ACTIVITY
Youth Medical Care and Treatment Form



Name: _____ Birth Date: _____ Age: _____ Sex: _____

Parent or Guardian: _____

Home Address: _____

Home Phone: _____ Office Phone: _____ Cell Phone: _____

Name of Family Doctor: _____ Phone: _____

Name of Family Dentist: _____ Phone: _____

If you or the doctor cannot be contacted, in emergency notify:

Name: _____ Phone: _____

Health Insurance Company: _____ Policy #: _____

Instructions for Medications

1. All prescription drugs MUST be carried in the container in which they were issued (with medical orders and physician's name intact). Others will not be accepted.
2. Only exact amount of medication is to be brought to 4-H programs and should be kept in the possession of a responsible adult during the 4-H event.

LIST ANY MEDICATIONS (PRESCRIPTION AND NON-PRESCRIPTION SUCH AS PAIN RELIEVERS ASPIRIN, TYLENOL, ETC.) THAT YOU TAKE. PLEASE INCLUDE DOSAGES AND ANY SPECIAL INSTRUCTIONS:

LIST APPROXIMATE DATE IF PARTICIPANT HAS HAD OR BEEN EXPOSED TO OR SUFFERING FROM A RECENT ILLNESS OR INJURY:

Tetanus Immunization: Date of Last Booster: _____

Operations or Serious Injuries requiring medical treatment (specify on reverse side of form): _____

CHECK BELOW IF PARTICIPANT IS SUBJECT TO:

- | | |
|--|---|
| <input type="checkbox"/> arthritis, diabetes, kidney disease, bladder disease | <input type="checkbox"/> headaches, convulsions, fainting, seizures |
| <input type="checkbox"/> respiratory problems, bronchitis, asthma controlled (y/n) | <input type="checkbox"/> stomach problems, intestinal problems |
| <input type="checkbox"/> heart trouble | <input type="checkbox"/> ear infection |
| <input type="checkbox"/> home sickness/sleepwalking | <input type="checkbox"/> other (please specify) _____ |

SPECIFY ANY ITEMS CHECKED

LIST ANY ALLERGIES INCLUDING FOOD, MEDICATION, ENVIRONMENTAL, INSECTS.

Prescribed Treatment _____ Self-Treat Yes No

USE OTHER SIDE IF NECESSARY.

My child is physically able to participate in this program including handling their project animals, if animals are involved; and in the case of the 4-H horse project, participating in mounted activities. I understand that the 4-H members will be supervised, and that if a serious illness or injury develops, medical and/or hospital care will be given; however, the sponsor is not responsible in case of accident or illness. I further understand that in case of medical emergency we will be notified. In the event that I cannot be reached, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named on this Medical Care and Treatment Form and do certify that the information set forth on this form is true and correct to the best of my knowledge. I will assume all financial obligation incurred if not covered by insurance.

Parent/Guardian Signature _____ Date: _____

Event: 4-H Animal Events/Shows/Activities Event Date: January - December 2007



New Hampshire 4-H Event Youth Code of Conduct

As a participant in a New Hampshire 4-H event, you have the responsibility of representing the New Hampshire 4-H program to the public. You are expected to conduct yourself in a manner that will bring honor to you as well as to 4-H. To do that, you will need to:

1. Attend all sessions in the planned program and participate fully.
2. Follow hours and room rules established before the event begins. You are responsible for knowing the rules of your events.
3. Dress appropriately for each event.
4. Use language and manners that will bring respect to you and to New Hampshire 4-H. You are responsible for knowing what language and behavior is appropriate.
5. Be in the assigned program area at all times (for example: dorms, motels, etc.)
6. Know that the use of non-prescribed drugs and fireworks are illegal. Their use along with alcohol and tobacco, are prohibited at all 4-H events.
7. Model respect for other persons in public areas.
8. Treat program areas, lodging areas and transportation vehicles with respect and care. You will be responsible for any damage, theft, or misconduct in which you participate.
9. Help other persons in your group have a pleasant experience by making every attempt to include all participants in all activities.
10. Live up to your highest expectations for yourself so you can return home proud of who you are and what you have done.

Those who find themselves unable to conduct themselves within the guidelines listed above may expect:

1. To explain their actions to the adults in charge
2. To accept the consequences of their actions
3. To possibly be sent home immediately at their own expense
4. To have the adults in charge work closely with parents/guardians, Extension personnel and others to see that the actions taken, in case of unacceptable behavior, are appropriate for all concerned.

I have read the New Hampshire 4-H Code of Conduct and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future.

Youth Signature: _____

As the parent or guardian of _____, I have read the New Hampshire 4-H Events Code of Conduct and will support the adults in charge in the performance of their responsibilities to see that the appropriate behavior is maintained.

Parent or Guardian Signature: _____

Event: 4-H Animal Events/Shows **Event Date:** January - December 2007

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