



Application For Horse Camp

Name of 4-H Member: _____ Shirt Size: _____

Address: _____

Gender: M / F Age: _____ Year(s) In Saddle Club: _____

Parent / Legal Guardian Name: _____ Phone: _____

Address: _____

Employer: _____ Work Phone: _____

In Case of Emergency (if parent / guardian not available): _____

Phone: _____ Employer: _____ Phone: _____

Medical Information

Family Physician: _____ Phone: _____

Insurance Company: _____

Are You Allergic to anything? (if so explain) _____

Are You Taking Any Medication? Yes / No If yes, please explain: _____



Horse Information

Horse Name: _____ Age: _____

Breed: _____ Gender: _____

Name of Veterinarian: _____ Phone: _____

Address: _____

Does Your Horse Have Any Habits Or Issues The Camp Director Needs To Know? _____

Riding Style (check all that is supply): ___ Western ___ English ___ Speed ___ Trail

I desire to attend the Elkhart County 4-H Saddle Club Horse Camp. I agree to abide by the rules of the camp. Enclosed is my non-refundable check for \$50.00, made out to Elkhart County 4-H Saddle Club.

Member Signature: _____ Date: _____

Parent / Legal Guardian: _____ Date: _____



**Consent To Medical Treatment
Elkhart County 4-H Saddle Club
Goshen, IN**

The undersigned, being a parent (guardian) of _____
(name of child)

a minor child, and having read the attached regulations and information regarding Elkhart County 4-H Saddle Club Horse Camp do hereby freely and voluntarily, without any coercion or duress whatsoever, give my consent and authorization as follows:

1. Any 4-H Saddle Club leader or Board Member is hereby constituted to be my lawful agent and attorney-in-fact for the purpose of signing any all medical authorizations for medical and/or surgical treatment and/or special procedures (including by way of illustration and not limitation, administration of anesthesia, blood transfusions, diagnostic test, etc.) for my child which may be required during our absence. I agree the decision may be solely upon the judgment of the 4-H Saddle Club leaders and/or Board Member should any emergency situation exist.
2. I agree to be responsible for all costs incurred as the result of any medical or emergency treatment administered.

Please note any medications or treatment, which should not be administered to this child. (If none please state that on the line provided).

Please state any hidden medical conditions such as heart disease, diabetes, epilepsy, etc. This information is strictly for the use of trained emergency personnel in case of an emergency.

Parent / Legal Guardian: _____

Date: _____



Horse Camp Stall Card

Horse Name: _____ Age: _____

4-H Member Name: _____

Owner's name: _____ Phone: _____

Veterinarian Name: _____ Phone: _____

AM Feeding

PM Feeding

Hay _____

Hay _____

Grain _____

Grain _____

Parent / Legal Guardian: _____

Horse Camp Stall Card

Horse Name: _____ Age: _____

4-H Member Name: _____

Owner's name: _____ Phone: _____

Veterinarian Name: _____ Phone: _____

AM Feeding

PM Feeding

Hay _____

Hay _____

Grain _____

Grain _____

Parent / Legal Guardian : _____