



## Application For Horse Camp June 16-19, 2024

Name of 4-H Member: \_\_\_\_\_

T-Shirt Size: YS (6-8) YM (10-12) YL (14-16) AXS AS AM AL AXL AXXL

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: \_\_\_\_\_

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).**

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**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.**

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Parent / Legal Guardian: \_\_\_\_\_

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