

2016-2017  
Seminole County 4-H

## Horse Enrollment Packet

**Due: December 27, 2016**

Name: \_\_\_\_\_

Horse's Name: \_\_\_\_\_

Club's Name: \_\_\_\_\_

### Check List:

- Member Enrollment (On-line: [florida.4honline.com](http://florida.4honline.com) )
- Florida 4-H Participation Form (Yellow Form)
- Requirements for Showing (Green Form)
- Horse Enrollment Form (Blue Form)
- Horse Photo Page (Pink)
- ATTACHED COPY OF CURRENT COGGINS

\*\*\*\*If leasing a horse please contact the 4-H office for a lease form





September 1, 2016

To 4-H Horse Program Participants and Family:

Each year, it is the responsibility of the 4-H Horse Program participant and their family to register not only themselves in Seminole County 4-H, but their horse(s) as well. Along with this letter you will have a packet of Horse Enrollment Forms. Each of these forms needs to be filled out completely and returned to the 4-H office by Tuesday, December 27, 2016. **NO FAX COPIES WILL BE ACCEPTED! NO E-MAILED PICTURES OR PACKETS WILL BE ACCEPTED!**

**Please keep this packet of forms intact and in the order in which you received them. This will help the 4-H staff verify that all forms have been returned. A current Negative Coggins as well as a picture of each horse being enrolled needs to be attached to the packet.**

You will also receive a copy of the "Seminole County 4-H Area Horse Show Qualification Form". This form does not need to be returned, but rather is offered to help the 4-H member plan their 4-H year. Use this form to ensure you are meeting all of the requirements to show at the Area D horse show.

If you have any questions or concerns about this packet or the 4-H Horse Program in general, feel free to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'Chelsea Woodard'.

Chelsea Woodard  
Seminole County 4-H Youth Development Agent  
cwoodard@seminolecountyfl.gov  
407-665-5571





**Directions:** This form, along with a Florida 4-H Youth Enrollment Form, must be completed by a parent or legal guardian in order for a youth to participate in the Florida 4-H Program. All items must be completed. Even if the response is not applicable – indicate by using N/A. Failure to complete this form in its entirety will result in the person being ineligible to participate in 4-H activities. Adult participants must also complete this form to volunteer with and/or participate in Florida 4-H.

Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Youth's Age (As of Sept. 1, 2016): \_\_\_\_ Male or Female: \_\_\_\_  
Last First  
 Home Address: \_\_\_\_\_ 4-H County/District \_\_\_\_\_  
 City, ST, Zip: \_\_\_\_\_ Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Name of Parent/Guardian or Emergency Contact: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_  
 Emergency Contact Primary Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Name of Family Doctor: \_\_\_\_\_ Doctor's Office Phone: ( \_\_\_\_\_ ) \_\_\_\_\_  
 Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
 Name of Insured: \_\_\_\_\_ Relationship to Participant: \_\_\_\_\_

**HEALTH FORM**

Does the participant have, or at any time had, any of the following? Check "Yes" or "No" to each item. Please explain any "Yes" answers (noting the # of the item) in the space below or on an additional sheet of paper if necessary. Reporting conditions will not prevent a person from attending and will be kept confidential.

Conditions	Yes	No
1) Asthma		
2) Bronchitis		
3) Convulsions		
4) Diabetes		
5) Ear Infection		
6) Fainting		
7) Heart Condition		
8) Headaches		
9) Hypoglycemia		
10) Serious Insect Stings		
11) Wear Glasses		

Conditions	Yes	No
12) Wear Contact Lenses		
13) Penicillin Allergy		
14) Aspirin Allergy		
15) Tetanus Allergy		
16) Other Drug Allergies		
17) Food Allergies		
18) Serious Ivy, Oak, or Sumac		
19) Sunscreen Allergies		
20) Other Allergies		
21) Other Health Conditions		

**The following over-the-counter medications may be administered to my child, without contacting me. Check all that apply.**

- Antihistamine
- Antacid
- Ibuprofen (Advil)
- Acetaminophen (Tylenol)
- Hydrocortisone
- Decongestant
- Dramamine
- Polysporin (topical antibiotics)
- Aloe Vera Gel for Sunburn
- Please contact me for permission to administer ANY over-the counter medications.

Date of Last Tetanus Shot \_\_\_\_/\_\_\_\_/\_\_\_\_

Please explain "Yes" answers and provide information on recent medical issues (including injuries and surgeries), allergic reactions, special dietary regulations, present medications, any specific activities to be restricted and other comments.

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Does the participant use an inhaler and/or an EpiPen?  Yes  No **If yes, mark which is used:**  Inhaler  EpiPen

**Disabilities:** If the participant requires accommodations for a disability to participate in 4-H programs, please provide information about the disability.

\_\_\_\_\_  
 \_\_\_\_\_

**Special Needs:** If the participant requires accommodations for special needs to participate in 4-H programs, please provide information about the special needs.

**Medical Consents**

**First Aid Consent:** I give UF/IFAS Extension Florida 4-H my consent and permission to render general first aid treatment to my child or myself for any injuries or illnesses occurring during any Florida 4-H activity. I understand that if a medical emergency arises, Florida 4-H will contact emergency medical personnel [911] for assistance.

**Medication Consent:** I authorize Florida 4-H to administer medication (over the counter and/or prescribed) to my child as specified in the physician's written instructions or instructions on packaging. **I understand that if my child needs medication to be administered while attending a Florida 4-H activity, I MUST complete the Florida 4-H Medication Form in addition to signing this consent.**

\_\_\_\_\_  
(Initials)  Yes  No **I understand and agree to the Medical Consents. I am a Parent/Guardian or Adult Participant. \***

\* Consent is required to participate in Florida 4-H.

## 4-H Participation Form for Youth and Adults: Authorizations

**Florida 4-H Code of Conduct for Youth and Adults:** As a participant in 4-H at the local, state, or national level, I have the responsibility of representing the UF/IFAS Extension 4-H Youth Development Program to the public. Therefore, I am expected to conduct myself in a manner that will bring honor to me, my family, my community, and 4-H. To do that, I must abide by the following rules:

- (1) Obey local, state, and federal laws. Follow county, district, state and/or national 4-H policies. Abide by any special rules for a 4-H event or activity.
- (2) Speak and act in a responsible, courteous, and respectful way. Harassment, threats or bullying of any type is prohibited.
- (3) Act responsibly to maintain a safe environment for all participants. Acting in a manner that could endanger the health, safety or welfare of yourself or others is prohibited. Report threats to the well-being of any participant immediately to the adult in charge.
- (4) Possession or use of tobacco, alcohol, or illegal drugs is prohibited. Possession or use of approved medications by youth during a 4-H function must be reported to the adult in charge and must not be accessible to other participants.
- (5) Possession or use of weapons or other dangerous objects is prohibited, except when required as part of an approved educational program. Weapons are defined to include, but are not limited to, guns, knives and incendiary or explosive devices of any kind.
- (6) Respect all property, facilities, equipment, and vehicles. I will be responsible for any damage or other consequences resulting from my behavior.
- (7) Participate fully in 4-H functions. Be in the assigned program areas (example—dorms, cabins, programs, etc.) on time. If I am unable to attend or participate, I will tell the adult in charge. Help others have a pleasant experience by making every attempt to include all participants in activities.
- (8) Dress appropriately for each 4-H function.
- (9) Use of any mobile electronic device during a scheduled 4-H activity is prohibited unless activity-specific rules otherwise allow. When permitted, they should be used only in a manner that is consistent with the approved activity and not discourteous or disruptive.
- (10) The belongings of youth participants, including but not limited to bags, purses, computers, other electronic devices, lockers and vehicles, are subject to search and seizure by 4-H faculty/staff, and in some instances a volunteer designee, upon reasonable suspicion that a prohibited and/or illegally possessed substance or object is contained within that area. (If an adult is suspected, this will be handled by law enforcement.)

**Youth or Adult Agreement:** \_\_\_\_\_ (Initials)  Yes  No I have read the Florida 4-H Code of Conduct above and agree to abide by it in its entirety. I realize my failure to do so could result in a loss of privileges during a 4-H event and in the future; including but not limited to suspension or termination of 4-H membership or volunteer service.\*\*

**Parent/Guardian Agreement:** \_\_\_\_\_ (Initials)  Yes  No I understand and agree to the Florida 4-H Code of Conduct above. \*\*

**General Release:** In consideration for my and/or my child's participation in Florida 4-H, I hereby RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE Florida 4-H, the Florida 4-H Club Foundation, Inc., UF IFAS Extension, the University of Florida, the University of Florida Board of Trustees, and their respective employees, agents, representatives and volunteers (hereinafter referred to as "RELEASEES") from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child, or to any property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES or otherwise, while participating in a Florida 4-H activity or while in, on or upon the premises where a Florida 4-H activity is being conducted.

I am fully aware of the risks and potential hazards connected with participating in Florida 4-H activities and programs and I hereby elect to voluntarily participate and engage in such activities knowing that these activities may be hazardous to me, my child and my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, that may be sustained by myself, my child, or any loss or damage to property owned by me, as a result of engaging in such activities, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES or otherwise.

\_\_\_\_\_ (Initials)  Yes  No I understand and agree to the General Release. I am a Parent/Guardian or Adult Participant. \*\*

**Transportation Policy:** I understand that all volunteers and/or parents who transport Florida 4-H participants as a part of any 4-H activity are required to be 18 years or older, possess a valid driver's license with a safe driving record and automobile insurance, and otherwise comply with state and local laws. Additionally, Florida 4-H requires that drivers utilize a transport vehicle that is in good repair and working order. I understand that transportation to and from many Florida 4-H activities, not a part of the activity, is the responsibility of the participant and his/her family. Florida 4-H has no ownership or control over any privately owned vehicles and relies on the drivers' compliance to 4-H policies and procedures.

\_\_\_\_\_ (Initials)  Yes  No I understand and agree to the Transportation Policy. I am a Parent/Guardian or Adult Participant. \*\*

**Publicity Release:** I authorize UF/IFAS Extension and the Florida 4-H Club Foundation, Inc. or their assignees to record and photograph my image and/or voice (or that of my child if under 18) for use in research, educational and promotional programs. I also recognize that these audio, video and image recordings are the property of UF IFAS Extension and the Florida 4-H Club Foundation.

\_\_\_\_\_ (Initials)  Yes  No I authorize use of my—or my child's individual image and voice. I am a Parent/Guardian or Adult Participant \*\*\*

**Survey & Evaluation Release:** I hereby establish my willingness to participate as an adult (i.e. 4-H leader, other volunteer, parent/guardian, site manager, etc.) and give permission for my child (under 18 years of age) to complete surveys and evaluations that will be used to determine program effectiveness or to promote the program. I understand that participation in surveys and evaluations is voluntary and that my child and I may choose not to participate and may withdraw from surveys and evaluations without impact on my or my child's eligibility to participate in the 4-H program. I understand that my child or I may be asked for consent before completing a survey or an evaluation.

\_\_\_\_\_ (Initials)  Yes  No I am willing to participate—or give permission for my child to participate—in any program evaluation. I am a Parent/Guardian or Adult Participant \*\*\*

\*\*Consent is required. Marking "No" for the Code of Conduct, General Release and Transportation Policy will prevent the individual from participating in Florida 4-H.  
\*\*\*Consent is not required to participate in Florida 4-H.

Youth or Adult Member Signature : \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 2016-17 SEMINOLE COUNTY 4-H HORSE PROGRAM REQUIREMENTS FOR SHOWING

4-H is a youth development organization, not a horse show organization. There are many opportunities for you in the 4-H Horse Program, participating in showing is just one of those opportunities. In order for you to get the most out of your 4-H experience, the following are required of you as a Seminole County 4-H member to participate in the County, Area, State, and or Regional Horse Shows. **It is the not the responsibility of the 4-H Leader or your parents to make sure that these requirements are met but that of the member.** Failure to meet the guidelines and deadlines will result in disqualification from show participation.

## MEMBERSHIP:

1. 4-H'ers must be 8 years of age or older as of September 1<sup>st</sup> of the current 4-H year to participate in large animal projects.
2. All enrollment paper work must be completed and in the 4-H Office by 5:00 P.M. on **December 27, 2016**. This includes enrollment form, parental consent form, horse ownership forms and lease forms.
3. Manage the care of at least one horse of any age or breed as a 4-H Horse Project. Only 4-H Project horses are eligible to be shown at qualifying shows. Members may manage & show more than one horse at the County Horse Show but you will only be able to show one horse at the Area Show. The horse that is shown at the Area show is the only horse eligible for the State show.

## OWNERSHIP & LEASING:

1. Horses/ponies must be owned prior to January 1<sup>st</sup> of the current 4-H year. A completed Project Qualification must be on file in the 4-H Office by **December 27<sup>th</sup>**. **(NO EXCEPTIONS)**
2. Leased horses are permitted with the following:
  - Both a certified lease & 4-H Project Qualification Forms are on file by 5:00 P.M. **December 27<sup>th</sup>**.

## PARTICIPATION:

1. Member must attend a minimum of 50% of their 4-H Club meetings from the time they join the 4-H Club. All youth must be members prior to **December 27<sup>th</sup>**. Members who are not planning to qualify for the Area Show may join a club after that date.
2. Members must present a demonstration. While demonstrations may be given on the club level, all members are encouraged to present their speeches or demonstrations at **COUNTY EVENTS**.
3. Members must complete 4-H Horse Project Book 4HHSR02 on their project animal prior to the Area Horse Show. It is the responsibility of the member to see that books are spot check by the 4-H Office by 5:00 P.M. May 1, 2017. **\*\*\*\*\*Finished Record books are due in July and must be turned in to be eligible to show next year.\*\*\*\*\***
4. Members must participate in **ONE NON-HORSE SHOW County, District, or State 4-H activity**. This can include Special Interest Workshops, County Events, 4-H Council meetings, Share the Fun, etc. If there are questions regarding the acceptability of an activity to meet this requirement, call the 4-H Office. **Do not wait until the last minute to complete this requirement, as there may not be an activity available to you to attend to meet this requirement.**
5. It is the responsibility of 4-H members to know and follow the rules and guidelines stated in the current Florida State 4-H Horse Show Official Rule Book. Copies are available from the 4-H Office or your club leader in February. **Those individuals showing at the County Show must participate in at least one qualifying class in order to qualify for the Area Show. (NON-POINT CLASSES ARE NOT QUALIFYING CLASSES)**
6. Only those horses shown at Area can be shown at State. Counties can allow for the substitution of a project horse prior to the Area Show if a veterinarian certifies the horse/pony unsound. Approval of the 4-H Agent and 4-H Horse Club leaders is required. Substituted horses must meet all the horse project criteria other than the January 1<sup>st</sup> ownership date. See the Florida 4-H Horse Show Rule Book for details.

7. **PARENT MEETING:** If this is your child's first year of 4-H showing or you have not attended a parent meeting with Seminole County 4-H, parents are **REQUIRED** to attend a parent meeting that will be held December 6, 2016 or January 11, 2017 at 6:30 PM in the Extension Auditorium. Parents with legitimate excuses who cannot attend the meeting need to contact the 4-H Agent prior to 5:00 pm the day of the meeting.

8. **VOLUNTEER HOURS:** Parents and or members are asked to volunteer a minimum of 4 hours during the County or Area D shows or with County 4-H Horse Program activities. Because the 4-H program is a volunteer led youth development program we need the support of parents to operate our horse shows. Horse Shows are not the sole responsibilities of 4-H club leaders. We know that many parents contribute countless hours to the 4-H Horse Program; **WITH EVERYONE'S HELP WE WILL HAVE THE SUPPORT TO OPERATE A SUCCESSFUL SHOW YEAR.**

Club leaders are asked to turn in your parent volunteer hours prior to the Area Horse Show deadline. Members not meeting the volunteer requirement without extenuating circumstances will be ineligible to advance to the Area Show.

9. Your club may add additional requirements. These are listed below and must also be met in order to show:

- 
- 

**INDEPENDENT MEMBERSHIP:** Those clubs that do not have at least 5 enrolled members on or before December 27<sup>th</sup> will be considered that of Independent Members. Independent requirements are:

1. Meet enrollment and paperwork requirement of club members.
2. Present a demonstration at 4-H County Events.
3. Members must complete 4-H Horse Project Book 4HHSR02 on their project animal prior to the area Horse Show. It is the responsibility of the member to see that books are in the 4-H Office by the Monday prior to the Area Horse Show.
4. Participate in one 4-H NON-HORSE ACTIVITY. This is a county, district or state 4-H activity.
5. Attend the required parent meeting in December or January.
6. Attend all 4 County Council meetings beginning in January and help with CC lead events.
7. It is the responsibility of 4-H members to know and follow the rules and guidelines stated in the current Florida State 4-H Horse Show Official Rule Book. Copies available from the 4-H Office in February.

*Only those horses shown at Area can be shown at State. Counties can allow for the substitution of a project horse prior to the Area Show if a veterinarian certifies the horse/pony unsound. Approval of the 4-H Agent and 4-H Horse Club leaders is required. Substituted horses must meet all the horse project criteria other than the January 1<sup>st</sup> ownership date. See the FL 4-H Horse Show Rule Book for details.*

**I HAVE READ THESE GUIDELINES AND UNDERSTAND WHAT THE REQUIREMENTS ARE IN ORDER TO SHOW AS A SEMINOLE COUNTY 4-H MEMBER.** I realize that if I do not meet these requirements I will not be eligible to advance to the Area Horse Show. I also agree to exhibit good sportsmanship and a friendly competitive spirit when participating in 4-H shows and activities.

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Parent Signature

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4-H Member Signature

2016-2017

4-H HORSE QUALIFICATION FORM

DEADLINE: 5:00 P.M. DECEMBER 27, 2016 (in the 4-H Office)

Club Name: \_\_\_\_\_

4-H'ers name: \_\_\_\_\_ 4-H AGE as of 9/1/16: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City Zip

HORSE NAME: \_\_\_\_\_  
(Name listed above & name on your coggins & name on your registration papers if showing in registered classes MUST all be the same – attach a copy of your coggins to this form.)

Phone #: (\_\_\_\_\_) \_\_\_\_\_

Check all that apply:

Mare \_\_\_\_\_ Gelding \_\_\_\_\_ Horse \_\_\_\_\_ Pony \_\_\_\_\_ Registered \_\_\_\_\_

Check one: \_\_\_\_\_ I own this horse. \_\_\_\_\_ I am leasing this horse.

If you are leasing this horse you must also complete the Florida 4-H Lease form 4H HSF 01.

(Contact the 4-H office for this form)

Date acquired as project animal: \_\_\_\_\_

I certify that the above information is accurate and that this animal has met the ownership and lease requirements as of January 1st of the current 4-H year to be a 4-H project horse. I understand that this certification can be revoked if upon later inspection the animal does not meet the requirement.

\_\_\_\_\_  
4-H Member Signature Date

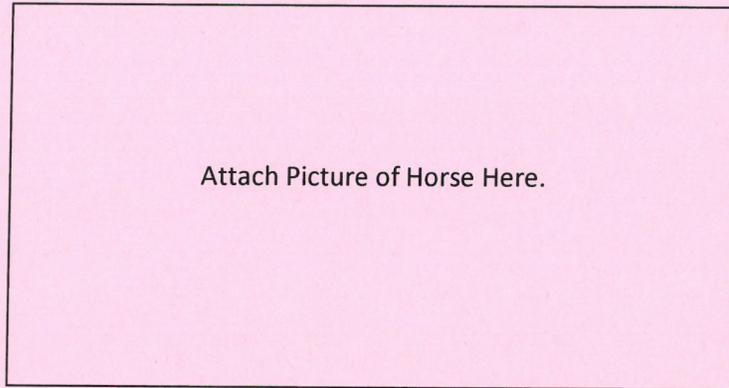
\*\*\*\*\*

I certify that his animal has been inspected and found to fit the description above and meets the ownership and or lease requirements to qualify as a 4-H project horse for the current 4-H year.

\_\_\_\_\_  
4-H Club Leader Signature Date



# Horse Photo Page



Name: \_\_\_\_\_

Club Name: \_\_\_\_\_

Horse's Name: \_\_\_\_\_

**\*\*\*REMEMBER TO ATTACH A CURRENT COPY OF HORSE'S COGGINS\*\*\***



2016-2017  
Seminole County 4-H

**Additional Horse Enrollment Packet**

**ONLY USE THIS FORM IF ARE ENROLLING A BACK UP HORSE**

Name: \_\_\_\_\_

Horse's Name: \_\_\_\_\_

Club's Name: \_\_\_\_\_

**Check List:**

- Horse Enrollment Form (Blue Form)
- Horse Photo Page (Pink)
- ATTACHED COPY OF CURRENT COGGINS

**\*\*\*\* If leasing a horse please contact the 4-H office for a least form**

10-10-10  
10-10-10

Additional three hundred books

ONLY USE THIS FORM IF YOU ARE FILLING A BACK OR HOLE

10-10-10  
10-10-10  
10-10-10

10-10-10

10-10-10

10-10-10

10-10-10

10-10-10