

4-H Equine Extravaganza

Sunday, April 28th 2019

9:00am through 3:00pm

Equine Center at SUNY Cobleskill
Saratoga Drive, Cobleskill, NY 12043

SUNY Cobleskill faculty and students in partnership with Cornell Cooperative Extensions of Schoharie-Otsego & Fulton-Montgomery welcome 4-H youth from across New York State to join us for a fun filled educational day that is intended to broaden the 4-H youths knowledge within the horse project and provide more insight into Hippology.

Youth will be participating in the following:

Cloverbuds - These youth will be in a separate group for the short sessions portion of the day. They will cover topics including: Grooming, breeds, parts of the horse, basic nutrition, safety, behavior, and more. A craft will also be included in this tract. Supplies will be provided.

Youth Ages 8-19 years old - These youth will be separated into groups based on the NYS 4-H Hippology contest rules. The complexity of the short sessions portion of the day will depend on the level. Topics to be covered are: Horse Judging, Show Etiquette, Equine Anatomy, Breed Identification and Genetics.

Large Session (All ages combined) - This half of the day will be spent in mixed groups of all ages. The focus in these sessions will be riding demonstrations and equine careers. There will be leadership opportunities for the older youth given the mixed ages of the groups.

***Exact schedule and topics subject to change. A detailed schedule for each youth will be provided the day of the event. Lunch is not provided, please plan accordingly. There are places to eat on campus or nearby.*

For additional information please email or call:

Teresa Adell - CCE Schoharie-Otsego - tla47@cornell.edu - (518) 234-43030, ext. 113

Kyle Yacobucci - CCE Fulton-Montgomery - ky292@cornell.edu - (518) 853-2135



Cornell Cooperative Extension | Schoharie and Otsego Counties

Cornell Cooperative Extension | Fulton and Montgomery Counties

SUNY Cobleskill

Building Strong and Vibrant New York Communities

Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EEO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities

4-H Equine Extravaganza

Sunday, April 28th, 2019
Registration is due Friday, April 5th

Please mail the completed registration form, signed and completed medical release permission slip and payment to:

CCE Schoharie and Otsego
 173 South Grand Street, Suite 1
 Cobleskill, New York 12043

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

E-mail: _____ Parent's Cell Phone: _____

County: _____

Chaperone Name: _____

** Please note the chaperone registration fee below.

T-Shirt Size

(adult sizes): ___ Small ___ Medium ___ L ___ XL ___ XXL ___ XXXL

(youth sizes): ___ Small ___ Medium ___ L ___ XL

Please designate the appropriate division below:

	X here:
Cloverbud (5-7 years old)	<input type="checkbox"/>
Novice (8-14 years old and new to horse project)	<input type="checkbox"/>
Junior (9-13 years old)	<input type="checkbox"/>
Senior (14-18 years old)	<input type="checkbox"/>
Adult Chaperone	<input type="checkbox"/>

Registration and Fees:

		Total:
Registration fee \$20 per youth (includes t-shirt)	\$20.00	<input type="checkbox"/>
Registration fee \$10 per adult chaperone (includes t-shirt)	\$10.00	<input type="checkbox"/>

Total Due _____

**Make checks payable to CCE Schoharie and Otsego Counties

Signature of 4-H Youth Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

****This event will only accept up to 70 youth registrations.
 Registrations will be accepted on a first come, first served basis.****

Cornell Cooperative Extension
Permission Slip and Medical Release Form

Please print:

Child's Name _____ Date of Birth ____/____/____

Address _____

Parent/Guardian _____ Phone _____

In case of emergency, contact _____ Phone _____

_____ Activity Current 4-H Year Date(s) 10-01-18 thru 09-30-19 Location(s)

_____ Activity Director _____

Medical History

Check any and all that apply to your child:

Date of Last Tetanus Booster ____/____/____

Illnesses

Allergies

Ear Infections _____

Hay Fever _____

Rheumatic Fever _____

Insect Stings _____

Convulsions _____

Ivy Poisonings _____

Diabetes _____

Penicillin _____

Other (specify) _____

Other (specify) _____

Current prescribed medication (specify) _____

On the back of this form, specify any other health concerns, physical activity restrictions, or other information you want the chaperons or director of this activity to be aware of on behalf of your child's welfare. Also indicate if your child requires any special dietary needs.

Family Medical and Hospitalization Coverage

Name of Insurance Company or Government Program (as printed on card) and name of subscriber

Identification/Policy # _____

Family Physician's Name and Phone Number _____

Permissions Granted

1. I hereby give my child permission to fully participate (subject to the restrictions noted) in the Cornell Cooperative Extension activity on the date(s) and at the location(s) indicated above.
2. I permit the use of any photos, slides, films, or sketches of him/her taken during the activity for publicity, advertising, and promotion.
3. I further grant permission to the director of the activity (or authorized designee) to dispense to my child any prescribed medication he/she is currently taking.
4. I understand that I will be notified in case of serious injury or illness. However, in the event that I cannot be reached, I hereby give permission for my child named above to be medically treated by a physician or medical facility as appropriate.

Signature _____ Date ____/____/____

Parent or Guardian

Cornell Cooperative Extension is an equal program provider. Participants needing accommodations under the Americans with Disabilities Act should contact the director of the activity.

