Saturday, April 7th 2018
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, mock trail class and mock costume class. A craft will also be included in this tract. Supplies will be provided.

**Youth Ages 9-19 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: Tack/Saddle fitting, nutrition, farrier care, breeds, body condition scoring and more.

**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 horse judging, showmanship and management practices. 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. Per SUNY Cobleskill policy, youth must be accompanied by an adult chaperone at all times during the event.**

**For additional information please email or call:**
Teresa Adell - CCE Schoharie-Otsego - tla47@cornell.edu - (518) 234-4303, Ext. 113
Kyle Yacobucci - CCE Fulton-Montgomery - ky292@cornell.edu - (518) 853-2135

Building Strong and Vibrant New York Communities
Cornell Cooperative Extension is an employer and educator recognized for valuing AA/EO, Protected Veterans, and Individuals with Disabilities and provides equal program and employment opportunities
4-H Equine Extravaganza

Saturday, April 7th, 2018

Registration is due Friday, March 16th

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: __________________________

Chaperone Name: ___________________________________________

** Please note the chaperone registration fee below.

County: ___________________________________________

T-Shirt Size
(adult sizes): ___ Small ___ Medium ___ L ___ XL ___ XXL ___ XXXL
(youth sizes): ___ Small ___ Medium ___ L ___ XL

Please designate the appropriate tract below:

<table>
<thead>
<tr>
<th>Tract</th>
<th>X here</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cloverbud (5-8 years old)</td>
<td></td>
</tr>
<tr>
<td>Novice (under 14 years old and new to horse project)</td>
<td></td>
</tr>
<tr>
<td>Junior (9-13 years old)</td>
<td></td>
</tr>
<tr>
<td>Senior (14-19 years old)</td>
<td></td>
</tr>
<tr>
<td>Adult Chaperone</td>
<td></td>
</tr>
</tbody>
</table>

Registration and Fees:

<table>
<thead>
<tr>
<th>Description</th>
<th>Fee</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration fee $15 per youth (includes t-shirt)</td>
<td>$15.00</td>
</tr>
<tr>
<td>Registration fee $10 per adult chaperone (includes t-shirt)</td>
<td>$10.00</td>
</tr>
</tbody>
</table>

Total Due________________

**Make checks payable to CCE Schoharie and Otsego Counties

**Per SUNY Cobleskill policy, youth must be accompanied by an adult chaperone at all times during the event.

Signature of 4-H Youth Participant___________________________ Date_______

Signature of Parent/Guardian___________________________ Date_______

**This event will only accept up to 60 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) 10-01-17 thru 09-30-18 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.