

4-H HORSE EXHIBIT DAY IN SANTA BARBARA COUNTY

SUNDAY, May 6, 2018

Santa Ynez Equestrian Center

Check-in: 9:00 am. Opening Ceremony: 10:00 am

All entries must be **received** no later than May 1st.

Revised 2/20/2018

County Winners will be for each class offered

All classes are English and Western combined. Ribbons awarded to 4th place.

Class 201	Showmanship: Novice (never placed, all ages)
Class 202	Showmanship: 13 & Under
Class 203	Showmanship: 14 & Over
Class 301	Walk/Trot or Jog: 13 & Under ⁽¹⁾
Class 302	Walk/Trot or Jog: 14 & Over ⁽¹⁾
Class 303	Equitation 13 & under ⁽²⁾
Class 304	Equitation 14 & over ⁽²⁾
Class 305	Pleasure 13 & under ⁽²⁾
Class 306	Pleasure 14 & over ⁽²⁾
Class 307	Horsemanship 13 & under ⁽²⁾ (pattern class)
Class 308	Horsemanship 14 & over ⁽²⁾ (pattern class)
Class 309	<i>Open Ranch Riding (2) (pattern class) **New for 2018 State Horse Show Qualifying Class</i>
Class 310	CA Pole Bending
Class 311	Single Stake
Class 312	Cloverleaf Barrels
Class 401	Open Trail ³

¹Walk/Trot or Jog: Judged 50% on the rider & 50% on the horse.

Not eligible for classes 303, 304, 305 or 306.

²Not eligible for classes 0301 or 0302.

³Trail Class will start at 11:00 am. Riders may take 1 practice run & 1 judged run.

*****Please check in upon arrival. Any animal showing signs of illness will not be allowed to show.**

Please keep area around trailer/rig neat and clean. Remove all Manure prior to leaving.

Show Attire: 4-H uniform with discipline appropriate boots. Or, collared, long-sleeved shirt, discipline appropriate hat/helmet for Fit & Groom/Showmanship, belt, blue/black jeans or English breeches of a neutral color with discipline appropriate riding boots. Show chaps, English jacket/vest OK, but not required. *Tack must be consistent with discipline.* **ASTM/SEI certified helmet required for all riders while on horseback.**

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HORSE DIVISION

All entries are the responsibility of the 4-H member. 4-H Horse Field Day officials will not be held responsible for any injury/damage that might occur during this event.

Mail/e-mail/Mary Anne Christensen (see page 3)

Please Print Clearly

4-H Member Name: _____ Age: _____

Year(s) in Project _____ Club: _____

Address: _____ Cell: _____

Adult E-mail: _____

Circle desired Class(es):

201	202	203	301	302	303	304
305	306	307	308	309	310	311
312	401					

*****I understand that any schooling of horses must be done Prior to the Opening Ceremony**

Project Leader's/Parent/Guardian's Signature: _____

***IF YOU ARE A PARTICIPANT IN THIS FIELD DAY
PLAN ON SPENDING THE ENTIRE DAY.
EVERYONE IS EXPECTED TO STAY AND HELP CLEAN UP***

Extra credit will not be given or taken away from members in regards to wearing/not wearing a 4-H Uniform.

We understand that all stock entries are the responsibility of the 4-H member.

Exhibit Day 4-H officials will not be held responsible for any injury/damage that might occur during this event.

*****I understand that any schooling of horses must be done Prior to the Opening Ceremony**

4-H Member's Signature: _____

Parent/Guardian Signature: _____

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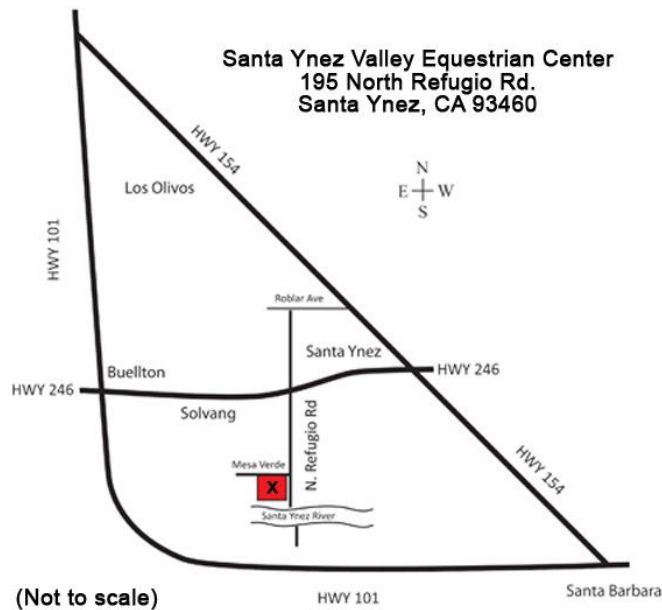
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Revised 2/20/2018

ENTRY FORMS DUE BY MAY 1, 2018

SEND ENTRY FORMS TO:

Mary Anne Christensen
PO Box 394
Los Alamos, CA 93440
Fax/Phone: 805 344-4064
email: maclosalamos@aol.com



Questions?

Contact Mary Anne Christensen

805-344-4064 / 448-6337 (cell/text)

maclosalamos@aol.com

Note: Anyone wishing to help at check-in, gate, or as runners please let us know!!



University of California

Agriculture and Natural Resources ■ 4-H Youth Development Program

Youth Treatment Authorization Form - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER)

This Treatment Authorization Form is authorized for all 4-H Youth Development meetings and activities during the dates specified below. (Please Note: This information must be updated annually)

First Name

Last Name

Club/Unit Name

County and State

From: **July 1, 2017** to **December 31, 2018**

PARENT(S)/GUARDIAN(S)

First & Last Name

Home/Work/Other Phone:

Cell Phone:

EMERGENCY CONTACT INFORMATION: (Must be an adult other than Parent/Guardian)

First & Last Name:

Home/Work/Other Phone:

Relationship:

Cell Phone:

While my child is attending or traveling to or from this 4-H function, I HEREBY AUTHORIZE THE 4-H ADULT VOLUNTEER OR 4-H STAFF MEMBER, or in his/her absence or disability, any adult accompanying or assisting him/her, TO CONSENT TO THE FOLLOWING MEDICAL TREATMENT FOR SAID MINOR:

Any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code Section 2000 et seq.; or any x-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code Section 1600 et seq.

This authorization is given pursuant to the provisions of California Family Code Section 6910. This authorization shall remain effective until my child completes his/her activities in this program unless sooner revoked in writing. I understand that as a parent/guardian, I will be responsible for the cost of any service or treatment provided not covered by the 4-H Accident/Sickness Insurance Program sponsored by UC Cooperative Extension.

AUTHORIZATION AND CONSENT AND RELEASE

I hereby certify that my child is in good health and can travel to and participate in all functions of the 4-H Youth Development Program as described above. I am the parent/guardian having legal custody of the youth member named above as stated under California Family Code Section 6550. I understand it is my responsibility to keep the information on this form updated (including Health History) by contacting the County 4-H Office.

Signature of Parent/Guardian

Date

NON-CONSENT

I do not desire to sign this authorization and understand that this will prohibit my child from receiving any non-life threatening medical attention in the event of illness or accident.

Signature of Parent/Guardian

Date

University policy and the State of California Information Practices Act of 1977 require the following information be provided when collecting personal information from you: The information entered on this form is collected under authority of the Smith-Lever Act. Submission of the medical data is voluntary. However, a signature is required on one or the other of the two signature lines above. Failure to provide the medical information and authorization may result in our inability to provide necessary medical treatment. You have the right to review University records containing personal information about you, with certain exceptions as set forth in policy and statute. Copies of University policies pertaining to the collection, use, or release of personal data are available for your examination from the local UCCE County Director, 4-H Youth Development Advisor, 4-H Program Representative or the Statewide 4-H Director at University of California, Division of Agriculture and Natural Resources, California State 4-H Office, 2801 Second Street, Davis, CA 95618-7774, (530) 750-1334, ca4h@ucanr.edu. Only your own records are open to your review.



Health History Information - Print all information clearly.

(PAGE SUBMITTED TO AND RETAINED BY THE 4-H CLUB/UNIT LEADER; SHRED AFTER THE PROGRAM YEAR)
(please attach extra page if more space is needed)

First Name

Last Name

County

/

Date of Birth

Date of last Tetanus Vaccination:

Not Sure

None

Please check over-the-counter medications that may be administered:

Tylenol Ibuprofen Cough Syrup Decongestant Dramamine Antacid Polysporin

Hydrocortisone Benadryl Other:

Please identify if this participant has any health conditions that are important for program staff to know in order to maximize participation and ensure safety and well-being:

Or check this box if no information needs to be shared

Please list all current medications:

Name of Medication	Dosage	Times Taken

Please identify any allergies including allergies to food, medications, and drug reactions:

Please include any additional remarks and special instructions to better assist emergency service personnel.

Please list any additional assistance the youth will need in order to participate in this program or activity.

Note: in some cases, a Doctor's note may be required to confirm the request.

	Yes	No
Does the youth have any current emotional or behavioral difficulties that would be helpful for us to know about?		
Are there any ways of responding to the youth's negative moods or feelings that you found to be effective?		
Would you like to share any significant life or family events that will help us support the youth's current emotional state?		

Please explain any "Yes" answers on this page.