

July 10, 2021

To: All New Jersey 4-H Horse Project Leaders and Members

From: Carol Ward, County 4-H Agent and New Jersey 4-H Horse Program Coordinator

Announcing the First ever New Jersey 4-H Horse Show Clinic

When: Saturday and Sunday August 21 and 22, 2021

Where: Dream Park, 400 Route 130 Logan Township, Gloucester County NJ

We are offering a horse show clinic including riding and non-riding topics for 4-H members grades 4- 13. Non- riders can audit any class for \$25 per day or \$40 for the weekend. Riders can participate for \$50 per day or \$80 for the weekend. A tentative schedule is being put together at this time and registration will be due August 1.

All attendees at State Horse Show Clinic must follow the current Dream Park and RCE covid-19 policies. The current covid policies, as of 6/23/2021, are listed below.

1. For indoor 4-H/RCE events- Masks must be worn by all participants at all times and social distancing will be requested as much as practicable.
2. For outdoor 4-H/RCE events: Masks are not required but recommended and social distancing will be requested as much as practicable.
3. Dream Park Requirements: Masks must be worn except when mounted and daily temperature checks will be done by the EMTs for all participants.

It is important to note, restrictions may change between now and then and if changes occur, all registrants will be notified.

The State 4-H Horse Show Clinic is not an overnight 4-H event. The clinic runs daily from 8am - 8pm on Saturday and 8 am - 4 pm on Sunday. Families may choose to make local overnight accommodations or may choose to commute to the Dream Park from home. A variety of housing options are available near the Dream Park:

<https://dreamparknj.com/hotel-accommodations/>

If you have a camper and wish to rent a camper space, contact the Dream Park. Families are encouraged to lodge overnight with members of their own household to limit the possible spread of covid-19.

Please note that overnight accommodations and supervision of youth are the sole responsibility of parents and guardians. The 4-H program will not be responsible for chaperoning youth overnight or making lodging accommodations.



New Jersey Agricultural Experiment Station

### 2021 NJ 4-H State Horse Show Clinic STALL RESERVATION FORM

- Stall Money is Non-Refundable Reservations are requested by August 15<sup>th</sup>. If you are bringing a horse and NOT stabling it, a \$15 unstabled Horse fee is required from the Dream Park.
- Stabling is limited to the number of stalls on a first-come basis and will be assigned by county if possible.
- Stalls are available Friday & Saturday nights only. The price is the same whether you stay one night or two.
- Stalls will be available starting 6:00 p.m. on Friday.
- Sharing of stalls is only permitted for tack stalls, not stalls which house horses.
- Shavings are available from the Dream Park. **You may not bring your own shavings. COST OF SHAVINGS in 2021 is \$7.00 Paid in Cash**
- Stabling questions should be directed to Tammy Suydam, Stabling Manager (856) 307-6450 (daytime only)
- Checks for stabling reservations must be separate from entry fee checks. Payment MUST accompany the reservation form to be accepted. Reservations received without appropriate monies cannot be guaranteed and will be assessed the higher stall fee when collected at the show.

Cost per horse stall or tack stall if postmarked on/before August 15th:

\$55

Mail Form and Check (Made payable to NJ4-H HPAC) to: Tammy Suydam – RCE of Gloucester County, Shady Lane Complex, 254 County House Rd, Clarksboro, NJ 08020

Number of Horse and Tack Stalls \_\_\_\_\_ @ \$50 = \_\_\_\_\_  
 Number of unstabled horses \_\_\_\_\_ @ \$15 = \_\_\_\_\_

**TOTAL ENCLOSED** \_\_\_\_\_

Please make stabling checks payable to "NJ 4-H HPAC" and label it as "stabling". A \$35 fee will be applied to all returned checks. **ALL FEES PAID AT THE SHOW FOR STABLING AND SHAVINGS MUST BE IN CASH. CHECKS WILL NOT BE ACCEPTED. THERE WILL BE NO EXCEPTIONS. RECEIPTS WILL BE GIVEN. Shavings are purchased at the Show; 2021 cost is \$7.00 in cash.**

|                              |               |                  |                |
|------------------------------|---------------|------------------|----------------|
| This Box For Office Use Only | Check Number: | Date Postmarked: | Date Received: |
|                              |               |                  |                |

|  |        |  |      |
|--|--------|--|------|
| County:  |        | 4-H Club:  |      |
| Contestant's Name:   |        | Home Phone Number: (    )  |      |
| Horse's Name:  |        | Color:   | Sex: |
| What day & time will you be arriving?  |        | If not staying on the grounds, where can you be reached in case of an emergency? |      |
| Hotel Phone Number: (    )   |        | Cell Phone Number: (    )  |      |
| If staying on the grounds – Vehicle/<br>Camper Make:                                     | Color: | License Plate Number:  |      |
| If you are sharing a tack stall, please list others that will be sharing the tack stall: |        |  |      |



NEW JERSEY  
4-H HORSE SHOW CLINIC  
August 21- 22, 2021

NAME \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_

Horses Name (same as on Coggins) \_\_\_\_\_

Please check which topics/days you wish to attend.

\_\_\_\_\_ Mitch Leonarski- Preparing for show (feeding grooming and halter) (Sat)

\_\_\_\_\_ Ann Leonarski- Trail (Sat)

\_\_\_\_\_ Tack Care (Sat)

\_\_\_\_\_ Banding and Braiding (Sat)

\_\_\_\_\_ Kennis "Buttons" Fairfax- Ranch (Sun)

\_\_\_\_\_ Brooke Dixon- Games (Sun)

\_\_\_\_\_ Elise Cook or Jenn Tweed- English/ Hunt Seat Equitation/Jumping( Sun)

\_\_\_\_\_ Dr Ernie Beier- First Aid and trailer safety (Sun)

\_\_\_\_\_ Saddle Fitting and Hippology stations will be available both days

Costs

Auditing (no horse) \$25 per day or \$40 for the weekend

Riding participant- \$50 per day or \$80 for the weekend

If stabling, complete stabling form and add those fees with a separate check.

Total Payment due \$ \_\_\_\_\_

Please mail registration and check (made payable to): NJ4-H  
HPAC to Carol Ward, 310 Milltown Road, Bridgewater NJ  
08807 due August 1st

# New Jersey 4-H Event Permission Form for Youth



Both sides of this form must be completed by all youth participating in overnight activities, field trips, events requiring group transportation, and any other events sponsored through the 4-H Youth Development Program where it is deemed necessary by the event coordinator(s) (paid 4-H staff and/or registered 4-H volunteer) responsible for the youth participants. The form should be submitted prior to the event. The form has five parts: (1) information about the participant and activity, (2) parental permission and liability release, (3) medical emergency authorization and health information, and (4) code of conduct and (5) media policy. *Be sure to complete all five parts and sign where requested!*

## Information about the Youth Participant and Activity

Name of Youth participant: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone number: (\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

4-H county: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of activity/event: \_\_\_\_\_

Name of 4-H group sponsoring or participating in this event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Date and time of participation of individual named above: \_\_\_\_\_

---

## Parent Permission and Release of Liability

I hereby give my son/daughter named above permission to participate in the event listed. Although Rutgers Cooperative Extension and its event coordinator(s) will use the utmost precaution in guarding the health of the above participant and preventing accidents, I release them from any liability in case of illness or injury as a result of this activity. Furthermore, I release the owner and driver of the car transporting my child to and from the event, from any liability in case of illness or injury.

**Sign Here** 

Signature of parent or guardian: \_\_\_\_\_

---

## Medical Emergency Authorization and Health Information

I authorize the event coordinator(s) to dispense the prescription drugs and/or over the counter medications listed below in accordance with the instructions provided on the label (prescription drugs) or below (over-the-counter medications). In case of sudden illness or an accident to the above named participant requiring immediate treatment or surgery while he/she is a participant in this activity, I authorize the 4-H chaperone(s) to take such action as seems appropriate to protect the health and physical well-being of the above participant. This authority extends to any physician(s) and/or surgeon(s) selected by the event coordinator(s) to perform medical and/or surgical procedures including examinations and tests necessary to preserve the health and physical well-being of the above named participant. All efforts will be made to contact the parent(s) or guardian(s) in case of emergency.

|                                |                     |   |                     |
|--------------------------------|---------------------|---|---------------------|
| _____                          | _____               | _____                                       | _____               |
| <b>Name of parent/guardian</b> | <b>Phone number</b> | <b>Name of additional emergency contact</b> | <b>Phone number</b> |

The following information is provided as an aid to the event coordinator(s) in dealing with the well-being of the participant. The participant has the following health conditions: (include allergies, handicaps, diabetes, pregnancy, asthma, medications needed, etc.).

Health conditions: \_\_\_\_\_

Medications/Instructions: \_\_\_\_\_

Health Insurance: Company Group# \_\_\_\_\_ ID# \_\_\_\_\_

**Sign Here** 

Signature of parent or guardian \_\_\_\_\_

*Continued on other side*

## New Jersey 4-H Code of Conduct



The primary purpose of the New Jersey 4-H Code of Conduct is to ensure the safety and well-being of all participants at 4-H sponsored events and activities. It applies to all participants, with participants defined as 4-H members, their parents, and volunteers.

As a participant in the 4-H program, I will:

- **Conduct myself in a courteous manner and treat members, parents, 4-H volunteers, Extension staff, judges and others with respect. Appropriate language and behavior are expected at all times.**
- **Respect and adhere to the rules and guidelines of the 4-H program including all those specific to a 4-H event or activity.**
- **Uphold an individual's right to dignity by supporting an environment of inclusion which welcomes involvement of participants from all backgrounds.**
- **Accept supervision and support from county and state 4-H staff while participating in the 4-H program. This includes acceptance of supervision and support from appointed 4-H volunteers coordinating 4-H events and activities.**
- **Obey local, state and federal laws.**

Participants who fail to adhere to the New Jersey 4-H Code of Conduct are subject to a range of disciplinary actions. Such actions will be taken in compliance with the New Jersey 4-H Discipline Policy and Procedure. When appropriate, immediate corrective action will be taken at the 4-H event to ensure the safety and welfare of all participants.

I understand if I fail to adhere to the above Code of Conduct, I will be subject to disciplinary action and potentially prohibited from attending and participating in the New Jersey 4-H Youth Development program.

|  |                                   |       |
|--|-----------------------------------|-------|
|  | _____                             | _____ |
|  | Signature of participant in event | Date  |
|  | _____                             | _____ |
|  | Signature of parent or guardian   | Date  |

---

## New Jersey 4-H Media Policy and Release

The 4-H program routinely promotes activities through various media. This includes, but is not limited to newsletters, newspapers, brochures, and displays. In doing so, the names and photos of members may be included to help tell the 4-H story. However, New Jersey 4-H policy is that on web sites, youth in photos will not be identified by name(s).

- No, do not use my individual picture for any purpose.** I will make an effort to avoid opportunities to be in group photos.
- No, do not use my name for any purpose.**

---

Revised: January 2013