



King County 4-H Horse Program 2011 SHOW RECAP SHEET



Show: _____ Show date: _____

Type of show: Performance Show Gaming Show Other: _____

Show sponsored by: KC Horse Program Club: _____

Show secretary: _____ Phone: _____

Number of participants:	@ \$5.00 =	\$ _____
Medals awarded:	@ \$10.00 =	\$ _____
Supreme entries	@ \$10.00 =	\$ _____
Total due KC 4-H Horse Program:		\$ _____

Make checks payable to KC 4-H Horse Program. Send payment to:

KC 4-H Horse Program Treasurer
 Paula Stobart
 38235 247th Avenue SE
 Enumclaw, WA 98022
 360-825-7354 or 253-797-0895

Program Sponsored Shows Only

Number of day stalls:	_____	\$ _____																
Number of overnight stalls:	_____	\$ _____																
Ribbons awarded:	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ 1st Place</td> <td style="width: 50%;">_____ Blue</td> </tr> <tr> <td>_____ 2nd Place</td> <td>_____ Red</td> </tr> <tr> <td>_____ 3rd Place</td> <td>_____ White</td> </tr> <tr> <td>_____ 4th Place</td> <td>_____ Participation</td> </tr> <tr> <td>_____ 5th Place</td> <td>_____ Judge's Choice</td> </tr> <tr> <td>_____ 6th Place</td> <td></td> </tr> <tr> <td>_____ 7th Place</td> <td></td> </tr> <tr> <td>_____ 8th Place</td> <td></td> </tr> </table>		_____ 1 st Place	_____ Blue	_____ 2 nd Place	_____ Red	_____ 3 rd Place	_____ White	_____ 4 th Place	_____ Participation	_____ 5 th Place	_____ Judge's Choice	_____ 6 th Place		_____ 7 th Place		_____ 8 th Place	
_____ 1 st Place	_____ Blue																	
_____ 2 nd Place	_____ Red																	
_____ 3 rd Place	_____ White																	
_____ 4 th Place	_____ Participation																	
_____ 5 th Place	_____ Judge's Choice																	
_____ 6 th Place																		
_____ 7 th Place																		
_____ 8 th Place																		



King County 4-H Horse Program Judging Contract



We are pleased to confirm our invitations for you to judge at our upcoming King County 4-H horse show. Please confirm your agreement with the terms outlined below and then send a signed copy to the Show Manager no later than _____.

Classes: You are scheduled to judge the following classes.

Patterns: You will need to provide patterns to show management by _____.

Rules: The show will be judged according to the Pacific NW 4-H Contest Guide and King County rule books. For issues not addressed in the 4-H rule books, Washington State Horsemen rules will apply, followed by the USEF rules.

Comments: You will be asked to provide comments as time allows. Comments will be posted after classes. Specific suggestions for improvement and "well done" comments are both encouraged.

Show Location: The show will be at _____, located at:

_____.

Schedule: The show will begin at _____. Please plan to arrive no later than _____.

Judging fee: You will be paid a fee of \$_____ per day, payable at the end of the show.

Travel costs: In addition to your daily judging fee, the following travel costs will be covered:

Mileage at \$_____ per mile up to a maximum of \$_____.

Flat travel allowance of \$_____.

Meal costs up to \$_____.

Lodging for _____ days at _____.

Reservations to be made by: Show Management Judge

Lodging costs to be: Billed to Show Management Reimbursed

Other fee(s): _____

Judge:

Mailing address:

Home phone:

Cell phone:

E-mail:

Show Manager:

Mailing address:

Home phone:

Cell phone:

E-mail:



**Washington State University
Emergency Medical Release:
King County 4-H Horse Show**



In an emergency requiring medical attention or a situation reasonably believed by Washington State University (WSU) authorized agents including KC 4-H Horse Program Shows staff to be an emergency; I authorize WSU and its authorized agents to obtain emergency medical care for my child. I will be responsible for any expenses incurred in so doing including but not limited to care by health care professionals, hospital care, and ambulance or other services. In addition, the health care provider has permission to obtain a copy of my child's health record from providers who treat my child and these providers may talk with the program's staff about my child's health status.

NOTE: Minors may consent to certain services in Washington.

I hold harmless and agree to indemnify Washington State University, its authorized agents and employees and the staff of *KC 4-H Horse Program Shows* from decisions to seek emergency treatment.

Please complete the following:

Student Participant: _____

Date of Birth: _____ Parent or Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

Health-Care Providers:

Name of participant's primary doctor(s): _____ Phone: _____

Name of dentist(s): _____ Phone: _____

Name of orthodontist(s): _____ Phone: _____

Additional health care provider(s) name(s) and contact numbers:

Washington State University
Emergency Medical Release:
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Medical Insurance Information:

This participant is covered by family medical and/or hospital insurance: Yes No

Primary Insurance Company: _____ Policy Number: _____

Subscriber: _____ Insurance Company Phone Number: _____

Secondary Insurance Company: _____ Policy Number: _____

Subscriber: _____ Insurance Company Phone Number: _____

Name of another person to contact in case of emergency if you are not available:

Phone: _____ E-mail: _____

Relationship to participant: _____

I voluntarily sign this authorization in consideration for permission for my child to participate in **KC 4-H Horse Program Shows**. I have read it, and I understand its content and significance.

Signature of Parent/Guardian

Date

(For participant less than 18 years of age)

Signature of Participant

Date

(For participant 18 years of age or older)



King County 4-H Release Form: Hunt Seat Over Fences



Show: _____

Show date: _____

The undersigned acknowledges:

That there are certain risks of injury that necessarily accompany any activity concerning horses;

There is a higher degree of risk of injury or damage associated with Over Fences classes;

The rider _____ and the horse _____
have received sufficient training and are competent and capable of jumping the maximum height specified for the class(es) being entered.

Please check the classes/height(s) being attempted at this show:

Cross rails up to 18" (measured at center of X)

Open up to 2'6"

Bronze up to 2'6"

Silver up to 2'6"

Gold up to 2'9"

Supreme up to 2'9"

Rider Signature

Parent Signature

Date

Parent Name (Printed)



4-H Horse Showmanship Score Sheet

Junior Intermediate Senior

Contestant #

	Score	Comments
<p>Club Member – 25% Includes: neat and clean, properly dressed, prompt and alert, confidence (poise), and courtesy.</p>		
<p>Animal and Equipment – 25% Includes: clean and brushed, in good condition, feet cared for, halter and lead fitted, equipment clean and safe.</p>		
<p>Showing the Animal – 50% Includes: following directions, leading, turning, standing, backing, stopping, showing to advantage, control on lead (safety), control in line and attention in line.</p>		
<p>Judge's Initials</p>	<p>Total Score</p>	



4-H Equitation Score Sheet

Junior Intermediate Senior

Contestant #

	Score	Comments
Appointments -- 15 % Includes: clothing, equipment, courtesy and poise		
Seat and hands -- 35 % Includes: seat, posture, head, legs, hands, balance, distribution of weight and aids		
Performance -- 50 % Standing, starting, walking, jog or extended trot, figure 8 or equivalent at lope, lope from walk, stop, turning, backing, general control		
Judge's Initials	Total Score	



Instructions for Holding Medals Classes at King County 4-H Horse Shows



1. If the judge is not familiar with the medals rules, the Show Manager or Show Secretary must review the rules with the judge. Be sure the judge understands that s/he does not have to award a medal.
2. Patterns need to be posted at least one hour prior to the medals class. It is preferable to post all medals patterns at once.
3. The Show Secretary completes the medals report.
4. If there is a dispute, contact the Medals Chair (or designee) at the show. The Show Manager and the Medals Chair (or designee) should make an informed decision and document the details of the dispute in writing.
5. Clubs sponsoring shows will pay the King County Horse Program \$10 per medal awarded plus all Supreme class fees collected.
6. When the Medals Chair cannot attend the show, the medals and equipment will be given to the club sponsoring the show. These materials need to be returned to the medals boxes and given to the Medals Chair within seven days after the show.
7. If jumping medals are offered, parents and competitors need to sign the permission to jump form.

Medals forms need to be completed within five days of the show and sent to:

Lori Glasgow
Performance Medals Chair
P.O. Box 1410
Buckley, WA 98321

Fax: 360-829-6355

Questions about Medals? Contact Lori Glasgow at 360-829-4115.



King County 4-H Horse Program High Blues Awarded



Please record all high/return blues awarded in medals-qualifying events

Show: _____

Show date: _____

Show Secretary: _____

Phone: _____

Showmanship	Hunt Seat Equitation	Stock Seat Equitation
Saddle Seat Equitation	Bareback Equitation	Trail

Dressage Qualifiers

List all dressage scores 60% and above in regular classes and medals rides 61% and above.

Rider	Test Performed	Test Score

Please send reports to:
Lori Glasgow, Performance Medals Chair
P.O. Box 1410
Buckley, WA 98321
Fax: 360-829-6355

Questions about Medals? Contact Lori at 360-829-4115.



Washington State 4-H Incident Report Form

Page 1 of 2

(Complete one on each person involved)



Please submit this form to the county 4-H office within seven (7) days of the incident.
Also include any photographs, news clips, police reports, etc.)

Name of 4-H sponsored event: _____

Date of event: _____ Location: _____ County: _____

Club: _____ Contact person(s): _____ Phone: _____

Address: _____

Person involved: _____

Last name

First name

M.I.

Address: _____ Phone: _____

Age: _____ Sex: Male Female Status of Event: _____

Type of Incident: (circle one) Behavioral Accident Illness Other: _____

Date of Incident: _____ Time of Incident: _____ a.m. or p.m.

Emergency reported to _____ by means of _____

Volunteer/Staff in charge at time of incident: _____

Parent or Guardian Notified: Date _____ Time _____ By Whom: _____

Emergency Contact Notified: Name _____ Phone _____

Date _____ Time _____ By Whom _____

Adult(s) on the scene _____

Adult(s) rendering aid _____

WITNESSES (at least two required, more may be useful)

Name: _____

Name: _____

Address: _____

Address: _____

Where located at time of incident?

Where located at time of incident?

Description of Incident

(Use additional pages if necessary)

1. Sequence of activity (e.g., at end of the workshop, at the beginning of club meeting, during leisure time.) What had preceded in terms of type of activities?

2. Location (e.g., where did the incident occur in the workshop/activity space in relation to instructor/supervisor and other participants?) A diagram is frequently helpful.

3. Just exactly what was the person involved doing and how did the incident occur? What was going on? Who was involved?

4. What could/should the injured person have done to have prevented the incident? (If appropriate, might ask the person involved what he/she could have done to prevent the injury.)

5. Action taken at time of incident:

6. Action taken as follow-up to incident:

FOLLOW-UP REQUIRED: _____

Person completing form: Name: _____ Position: _____ Date: _____	People to notify: <input type="checkbox"/> President, King County 4-H Horse Program: Jim Luty – 425-677-4064 <input type="checkbox"/> King County 4-H Youth Development Faculty: Nancy Baskett – 206-205-3152
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