



**DATE:** April 29, 2023

**TO:** Youth Ages 5-18 Interested in Attending the **West District 4-H Horsemanship Clinic**

**FROM:** Shannon Coleman, Extension Agent, 4-H Youth Development / Agent Advisor to WD 4-H Horse Clinic  
(828) 837-2210 ext. 4 shannon\_coleman@ncsu.edu

**RE:** **West District 4-H Horsemanship Clinic Mounted and Unmounted Registration Information**

A great opportunity for youth and horses is just in time for summer!

The West District 4-H Horsemanship Clinic will be held at the WNC Ag Center in Fletcher, NC from **Monday, June 19 - Wednesday, June 21**. You will receive professional instruction and have lots of opportunities to participate in horseback activities, a picnic, social time, and recreation for \$90.00.

This horsemanship clinic is designed for youth to increase their horsemanship knowledge and riding skills. Each child brings his/her own horse. Throughout the three-day clinic, participants will receive instruction in riding classes by selected disciplines. Whether you are a beginner, intermediate, or advanced rider, this clinic has something to offer you!

**We are offering an Unmounted Two-day Horse 101 Clinic experience. This is to allow our youth that participates in 4-H horse clubs or are interested in horses but do not currently have a horse of their own to bring to the clinic. This is a beginner-level introductory experience for youth who do not own or lease a horse. Check out the activities and days available for our two-footed/unmounted clinic!!**

Participation priority will be given to currently enrolled 4-H members. However, all youth are welcome to participate in the clinic. To attend, youth must be 5-18 years old (as of January 1, 2023). ***Each participant must have an accompanying parent or adult volunteer, (age 25 or older), with them throughout the entire clinic.*** Adults may chaperone more than one youth (if youth are age 8 or older) but must be available throughout the entire experience. Cloverbuds attending the mounted clinic must be 5-7 years old (as of January 1, 2023) and **MUST** have a parent or guardian with them any time that they are handling a horse. Required forms can be printed from 4-H Online. Clinic management does not have access to individual 4-H Online accounts and cannot print off required forms. All completed required forms must be postmarked by June 9, 2023 to attend the clinic.

On Wednesday, June 21, we will have cattle available for team penning and for the youth to learn about team roping from our cattle providers. We will also have a dressage arena set up to work on dressage. And youth will have opportunities to work their horses on obstacles and desensitizing on Wednesday as well.

Lodging will be on your own. Trailer/RV hookups are available for \$45 per day. There are numerous hotels located in the area. Stalls are available at no charge to camp in and there are showers on site in the barn.

Check-in time will be Sunday, June 18, 2023 beginning at 7:30PM and Monday, June 19 from 6:30AM-8AM at the main McGough Arena. Please enter the Ag Center through **GATE 1**. Remember to **stop for a Coggins check before unloading your horse.** The schedule for each day will be posted at the registration desk.

**Do NOT arrive before 7:30PM on Sunday as you will not be allowed to unload your horse.**

**\*\*There will be a MANDATORY safety meeting each morning at 8:30 AM in the main arena for participants and parents.\*\*\***

Tuesday evening we will have a picnic supper. The picnic is included with the registration fee for each of the paid participants. We are asking \$10.00 per guest. If you need extra meals for guests, please fill this information out on your registration form.

**Horsemanship Clinic Coordinator: Robbie Denning, 4-H Horse Volunteer from Caldwell County**  
**Horsemanship Clinic Agent Coordinator: Shannon Coleman, 4-H Agent, Cherokee County, 828-837-2210 ext. 4**





## 2023 WEST DISTRICT HORSEMANSHIP CLINIC PACKET CONTAINS:

**All participants mounted and unmounted will fill out all of the registration and release forms.**

**You can print off any form that you have filled out in 4-H Online if you are a currently enrolled member of NC 4-H.**

### PACKET CONTENTS

- Cover Letter(Page 1)
- Clinic Packet Contents(Page 2)
- West District 4-H Horsemanship Clinic Youth Registration Forms for Mounted and Unmounted Participants (Page 3-5)
- Unmounted Clinic schedule(Page 6)
- Mounted Clinic Rough Schedule(Page 7)
- Stable Management Sheet (Page 8)
- Riding Safety Headgear Policy (Page 9)

Apply for 1 of 3 / \$110 scholarships to assist in your clinic fees. Check with a West District County 4-H Agent for an application. If you are applying for a scholarship, please do not send in any fees until you have heard if you have won. Scholarship winners will be announced by May 23 and applications are due by May 17.

### RELEASE FORMS

- NC 4-H Youth Development Health History & Authorization Form (if you are a current 4-H member you will need to print this form off of 4-H Online and send it in or just fill this one out)
- North Carolina 4-H Youth Development Program Liability Waiver, Assumption of the Risk, Photo & Media Release, and Indemnification Youth Agreement (if you are a current 4-H member you will need to print this form off of 4-H Online and send in or just fill one out)
- Transportation Authorization & Waiver Form
- North Carolina 4-H Code of Conduct and Disciplinary Procedure (if you are a current 4-H member you will need to print this form off of 4-H Online and send it in or just fill one out)

### RETURN DOCUMENT CHECKLIST

When sending applications, please make sure to fill out and return the following:

- 2023 Youth Registration Form with parent and youth signatures (Pages 3, 4, & 5)
- North Carolina 4-H Youth Enrollment( 2 Pages)If you are enrolling in 4-H if not this form does not have to be returned.
- NC 4-H Youth Development Health History & Authorization Form **(if you are a current 4-H member you will need to print this form out from 4-H online and send it in or just fill one out)**
- North Carolina 4-H Youth Development Program Liability Waiver, Assumption Of The Risk, Photo & Media Release, And Indemnification Youth Agreement **(These can be printed off at your local NC Cooperative Extension Center from 4-H Online but must be available to our clinic secretary in paper form.)**
- Transportation Authorization & Waiver Form **(These can be printed off at your local NC Cooperative Extension Center from 4-H Online but must be available to our clinic secretary in paper form.)**
- North Carolina 4-H Code of Conduct and Disciplinary Procedure **(These can be printed off at your local NC Cooperative Extension Center from 4-H Online but must be available to our clinic secretary in paper form.)**
- Equal Opportunity, Non-Discrimination, and Affirmative Action Policy **(These can be printed off at your local NC Cooperative Extension Center from 4-H Online but must be available to our clinic secretary in paper form.)**
- Payment for the clinic

Youth packets are not considered complete unless all forms are returned completely filled out and signed where necessary and payment is included. Please be sure to include enough postage when mailing the packets.

**Mail forms and fees to:** Mary Ann Hoesch  
349 Burchfield Road  
Murphy, NC 28906

Please make our registration process as easy as possible by sending completed packets and payment to the address above.

**DO NOT MAIL PACKETS AFTER JUNE 9, 2023!!**

**Contact Shannon Coleman if you have not mailed your packet by the deadline, at (828)361-2591.**

**Please make checks payable to: 4-H West District Youth Horse Events**





WEST DISTRICT 4-H HORSEMANSHIP CLINIC

June 19 – June 21, 2023

WNC Agricultural Center, Fletcher, NC

4-H YOUTH(Ages 8-18) / CLOVERBUD(Ages 5-7)

REGISTRATION FORM (Page 1 of 3)

Mounted and Unmounted Registration

POSTMARK NO LATER THAN June 9, 2023

**DO NOT MAIL PACKETS AFTER JUNE 9, 2023!!**

**Contact Shannon Coleman if you have not mailed your packet by the deadline, (828)361-2591.**

Name of Youth: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age (as of 1/1/23): \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (Daytime) \_\_\_\_\_ (Evenings) \_\_\_\_\_

(Where parents can be reached if they are not your responsible adult named below)

Email address required for registration confirmation \_\_\_\_\_

Name of Parent/Guardian/Volunteer supervising you throughout the Clinic: \_\_\_\_\_

Your location at night: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

(In case there is a problem with your horse and we need to reach you quickly)

☐ I am participating in the Unmounted Clinic only and I am not riding a horse.(You will not need to answer questions about what horse you are riding.)

Are you currently enrolled in your county 4-H program? Yes ☐ No ☐

Name of 4-H Club Leader: \_\_\_\_\_

County: \_\_\_\_\_ Name of Horse: \_\_\_\_\_

Does the participant plan to attend the Picnic on Tuesday evening? Yes ☐ No ☐

Do you have special diet requirements (vegetarian, vegan, food allergies): \_\_\_\_\_

(The clinic participant's back number will be their ticket to the meal and is included in registration.)

I am an Unmounted Clinic participant and will be attending the Picnic. Yes ☐ No ☐

How many guests will be attending excluding the participant(clinic cost includes 1 ticket for the clinic participant; all others attending are asked to pay \$10.00 each.)

Total Guests Purchasing a ticket to attend the Picnic(not including clinic participants) \_\_\_\_\_

I WILL be arriving Sunday night. Yes ☐ No ☐

Current Negative Coggins test **REQUIRED**

Keep the original Coggins with your horse, it will be checked upon entering the Ag Center!

**\*Participants are required to wear long pants, boots with functional heels, and ASTM/SEI-certified helmets\***

**The dress code will be per 4-H guidelines.**

**All in attendance including adults please dress appropriately to set a good example**

**\*YOU MUST ARRIVE BETWEEN THE HOURS OF 7:30PM & 11:00PM SUNDAY NIGHT. NO horses are to be unloaded before 7:30 PM. If you have an issue, such as mechanic problems, and cannot arrive by 11:00PM please contact, Shannon Coleman, at 828-361-2591.**

**Important details:** Stalls must be thoroughly cleaned and checked by a clinic volunteer before you leave. Please be checked out by 6:00 PM, Wednesday, June 21. **You will be charged an additional \$30.00 fee for leaving an unclean stall.**

RV hookups with sewer, water, and electricity are available for an additional charge. Bathrooms with showers are available on the grounds for camping in the stalls. For more information, call Shannon Coleman, 828-361-2591.



**West District 4-H Horsemanship Clinic  
June 19 – June 21, 2023  
WNC Agricultural Center, Fletcher, NC  
Registration Form(Page 2 of 3)  
Rider & Horse Information for Mounted  
Registration for Unmounted Clinic Participants**

Circle the discipline of your choice:

*Hunt Seat*

*Ranch/Western*

*Non-Trotting/Gaited*

*Speed*

*Cloverbud(Ages 5-7)*

*Novice/Beginner*

☐ I am participating in the Unmounted Clinic.(You will not have to answer about what horse you are riding.)

**Horsemanship Skills: Check one.**

*Answer this statement by using the definitions below:*

*I am a \_\_\_\_\_ rider.*

☐ Cloverbud(Ages 5-7)    ☐ Beginner/Novice    ☐ Intermediate    ☐ Advanced

*\***Cloverbud** is any youth ages 5-7 as of January 1, 2023.*

*\***Beginner/Novice:** I am in control of my horse at a walk and can stop my horse.*

*\***Intermediate:** I can ride my horse comfortably at a walk and a trot while safely guiding my horse where I want to go. I want to learn to canter/lope but I am not there yet.*

*\***Advanced:** I safely have my horse under control at a walk, trot, and canter/lope.*

**Riders will be able to visit a second-choice discipline on Monday afternoon but must bring an appropriate saddle or saddles for that riding discipline. If you are riding in the Hunt Seat discipline and would like to ride in the Ranch/Western or Speed disciplines then you would need to bring a Western saddle. If you are riding in the Ranch/Western discipline and want to ride Hunt Seat then you would need to bring a Hunt Seat saddle.**

*In filling out this application, be as complete as possible, and feel free to attach additional pages as necessary.*

1-)The horse I am bringing is?:    ☐ Well broke    ☐ In training    ☐ Beginning and a little Green

2-)Does your horse have any vices or issues with things like kicking that the clinic host should know about?

*For example: Does your horse kick out at other horses when they get close behind them? (If that is the case you would put a red ribbon in the horse's tail to warn others to stay back.*

3-)How often do you ride your horse while preparing for events? \_\_\_\_\_ Days a Week \_\_\_\_\_ Days a Month

**Check all that apply**

4-)Where do you ride your horse? ☐ In an arena at shows    ☐ On trail rides    ☐ At home in a pasture ☐ \_\_\_\_\_

I verify that the information provided above is an accurate reflection of this child's experience with the horse listed.

Child's Signature

Date

Parent/Guardian's Signature





**West District 4-H Horsemanship Clinic, June 19 – June 21, 2023  
WNC Agricultural Center, Fletcher, NC  
Mounted & Unmounted Participants  
PAYMENT PAGE of REGISTRATION FORM (Page 3)**

	<b>COST</b>	<b>QTY</b>	<b>TOTAL</b>
Non-refundable Entry Fee for youth with horses:	\$90 each	_____ @ \$90 =	_____
<b>Fill out same forms but pay this amount for additional family members</b>			
(\$80 for each additional youth within the same family)	\$80 each	_____ @ \$80 =	_____
<b>Name of other youth riding in the family to receive discount</b>			
Late fee (per entry if postmarked after 6/09/23)	\$25 each	_____ @ \$25 =	_____
I am participating in the Unmounted Clinic	\$30 each	_____ @ \$30 =	_____

**(For Unmounted Riders)** Parents that stay do not pay to stay and watch unless staying for picnic.

**I am staying for the Tuesday night picnic as an Unmounted Rider, check yes or no.**

Yes \_\_\_\_\_ No \_\_\_\_\_

Camping fee for Trailer/RV Hook-up \$45 per day Number of Days \_\_\_\_\_ @ \$45 Day = \_\_\_\_\_

Cattle participation fee \$20 per person \_\_\_\_\_ @ \$20 = \_\_\_\_\_

Shavings: Pre-order shavings here!

Shavings will be available Sunday PM- Tuesday. \$8 per bag Number of Bags \_\_\_\_\_ @ \$8 Per Bag = \_\_\_\_\_

You must go to registration to get shavings.

Tuesday Night Picnic Participant **Guests** \$10 per person Number of Guests \_\_\_\_\_ @ \$10 each = \_\_\_\_\_

(Mounted and Unmounted Participants are covered in registration cost)

**TOTAL Due:** \$ \_\_\_\_\_

Please make check payable to: **4-H West District Youth Horse Events**

**DO NOT MAIL PACKETS AFTER JUNE 9, 2023!!**

**Contact Shannon Coleman if you have not mailed your packet by the deadline, (828)361-2591.**

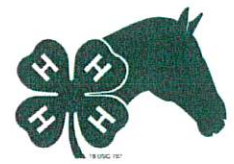
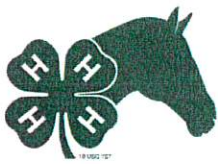
**Mail forms and fees to:** Mary Ann Hoesch  
349 Burchfield Road  
Murphy, NC 28906

Equipment and horses are not insured against loss or damage. Any loss or damage to equipment or injury to the horse, rider/volunteer is at the owner/parent/volunteer's risk and expense.

As the parent/guardian of the youth participant who will attend the West District 4-H Horse Clinic, I do fully understand the liability policy under which the clinic will operate and do hereby give my consent for my child to participate in this clinic under these conditions.

I have read the *4-H Code of Conduct and Disciplinary Procedure* for 4-H events/activities and agree to abide by it (for participants). In addition, I agree to refrain from using cell phone or text messaging during all three days of clinic programs as a sign of respect for the instructors and other participants.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Youth Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**West District 4-H Horse Clinic  
Horse 101 Introductory Level  
Unmounted Clinic**

**June 19<sup>th</sup> and 20<sup>th</sup> WNC Ag Center McGough Arena**

Welcome to our 2023 West District 4-H Horse Clinic – Unmounted (Two-Footed) Clinic. If you love horses and want to learn all about what it is like to care for them, this two-day experience is for you. You will be hands-on with horses in the very first hour. Come learn about how to care for horses, what they eat, and different horse breeds, and get hands-on practice on how to work with them. This year we are going to lead line rides.

**All youth participating must wear close-toed shoes and no Crocs!!! If youth plan on riding a lead line horse they must wear long pants and heeled boots. Lunch is NOT provided, please send lunch with your participant(s).**

Here is a rough schedule of events:

**Day 1 – Monday, June 19<sup>th</sup>**

- 9:00 Meet at the WNC AG Center McGough Arena – Check in get back number-Safety talk and overview about the day
- 9:15 Meet the horses – petting time, learn how to lead a horse
- 9:30 Get out the brushes – learn how to groom horses
- 10:30 Snack
- 10:45 Tour the different arenas and learn about different styles of riding
- 11:30 Feed the horses – talk about nutrition, good/bad hay, salt, water
- 12:00 Bring a Bagged Lunch
- 12:30 Craft
- 1:00 Leading practice, lead horses over a fun obstacle course
- 2:00 Break
- 2:15 Mane and tail braiding
- 3:00 Look at different types of tack – learn how to clean tack
- 4:00 Parents pick up – kids take parents to meet the horses

**Day 2 – Tuesday, June 20<sup>th</sup>**

- 9:00 Meet at the arena – talk about the previous day
- 9:15 Clean stalls, feed horses
- 10:00 Grooming
- 10:30 Snack
- 10:45 Look at different types of horse breeds/ horse judging
- 11:15 Basic horse first aid/leg wrapping
- 12:00 Bring a Bagged Lunch
- 12:30 Craft
- 1:00 How to measure a horse's height with a stick and weight with a weight tape
- 1:30 Horse Bowl “competition” about what we have learned the past two days
- 2:30 Lead Line Horseback Riding for Participants (Youth will get to ride a horse. They will be on a lead line. Youth must wear long pants and a heeled boot. Youth will be required to wear a helmet. No one with shorts will be allowed to ride a horse. No Unmounted Participants can ride solo without a lead line.)
- 4:00 Parents pick up – an opportunity to take pictures with the kid’s favorite horse
- 6:00 Clinic picnic – youth ticket is back number, adult tickets are \$10 each

**Other Information:**

- Cost: \$30 per child for two days of activities and snacks, ***lunch is NOT included***
- You must be enrolled in NC 4-H and sign our release forms for youth to participate
- Parents may stay or leave youth for the day (we will have a 4 to 1 youth/adult ratio)(Parents do not pay if they stay unless they want to eat with the group at the picnic and they must bring their own lunch.)
- Please wear long pants and sturdy closed-toed shoes (no Crocs) – do not be surprised if these shoes and clothes come home very dirty.

To register: Fill out the clinic registration form with the box checked for Unmounted Participant, & the NC 4-H forms if you cannot print them from 4-H Online: Health History & Authorization Form; Liability Waiver, Assumption of the risk, Photo & Media Release, and Indemnification Youth Agreement; Transportation Authorization & Waiver Form; & Code of Conduct and Disciplinary Procedure. You can also enroll in NC 4-H through this packet.

**For more Unmounted Participant information please contact Tammara Talley at 828-349-2226 or [tammara\\_cole@ncsu.edu](mailto:tammara_cole@ncsu.edu)**





## West District 4-H 3-Day Horsemanship Clinic

### Mounted Riders Rough Schedule Times/Events Are Subject to Change

June 19-22, 2022

#### Sunday- June 19

- Participants and horses check in from 7:30PM-11PM
- Lights in barns out at 11:30PM

#### Monday-June 20

- Volunteers, agents, and clinicians meeting at 8:00AM
- 8:30AM--Youth Safety Meeting
- 9:30AM--Youth ride
- 11:30PM-1:00PM--Lunch Break **NO RIDING DURING THIS TIME**
- 1:00PM-4:00PM Youth Riding with instructors
- 4:00PM-5:00PM Second Discipline Only
- 11PM—Lights out in Barns

#### Tuesday-June 21

- 8:30AM- Youth Safety Meeting
- 9AM-11:30PM-Youth Riding with instructors
- 11:30PM-1:00PM--Lunch Break **NO RIDING DURING THIS TIME**
- 1:00PM-5:00PM Youth Riding with instructors
- 6:00PM—Picnic for Youth and Parents
- 7PM--?—Horseless Games
- 11PM—Lights out in Barns

#### Wednesday-June 22

- 8:30AM--Youth Safety Meeting and Clinic Evaluations  
**CHECK OUT IS STARTS WHEN PARTICIPANT IS FINISHED RIDING FOR THE DAY  
OR ADULT CHAPARONE SAYS BUT MUST BE COMPLETED BY 6:00PM**
- 9:00AM-12:00PM Team Penning and Sorting and Roping Demonstrations McGough Arena
- 9:00AM-12:00PM Horses and Obstacles Outside Covered Arena
- 9:00AM-12:00PM Dressage Outside Uncovered Arena
- 12:00PM-1:30PM--Lunch Break--**NO RIDING DURING THIS TIME**
- 1:30PM-4:00PM Team Penning and Sorting McGough Arena
- 4:00PM—6:00PM Complete checkout process. Stalls must be clean and no horses are to be left on grounds for a late pickup. Before leaving anything at the Ag Center for late pickup check with a 4-H Agent to see if it will be a problem

Stalls must be thoroughly cleaned and checked by a clinic volunteer or Extension staff before you leave. Please be checked out by 6:00PM, Wednesday, June 23.

**\*You will be charged an additional \$30.00 fee for leaving an unclean stall.\***

Have a safe trip home!



## Stable Management

Proper stable management is critical for success during the 3-day horse clinic. In preparation for success, we would like to give you a few suggestions of appropriate horse care. We will be having the **Golden Shovel** award again this year. The categories that each participant should consider are as follows:

- **Bedding** - bedding should be substantial and clean, as to provide a comfortable resting space for your horse. It is suggested to use at least 3 bags of shavings when you initially bed your stall and replace with approximately one bag daily.
- **Water** - a minimum of 2, 5-gallon buckets kept clean and full.
- **Salt** - should be provided at free choice or be explained on stall card if you choose to feed in water or feed. Salt blocks or electrolytes can be purchased at feed and tack stores. If you currently are not offering salt or electrolytes as part of your daily feeding regimen then you may not want to start at clinic.
- **Hay** - If a hay net/bag is used, it should be hung 4 feet from the stall floor for horses and 3 feet for ponies. \*Hay fed from the ground is recommended\*
- **Emergency Information** - should include horse's name, owner's name, phone number, overnight location, veterinarian, and veterinarian's phone number
- **Horse Condition** - horse should be in appropriate weight and condition as well as properly cooled and groomed after each ride. This means no sweat marks! It is recommended that you have your horse trimmed or shod a week before the clinic. A farrier is not available through the clinic.
- **Barn** - should be kept free of obstacles and tidy

### **Some Recommended Equipment to Bring to Clinic**

- 2 / 5-gallon water buckets
- 1 feed bucket
- 1 salt holder (if block is used)
- Salt block or electrolytes(if used at home)
- Double ended snaps
- Bucket hooks
- Water hose and spray nozzle
- Wheelbarrow
- Muck bucket(if not bringing a wheelbarrow something with wheels on it is handy)
- Manure fork
- Shovel (helps when stripping stalls)
- Sponge
- Hay net (if used)
- Feed (pack extra!)
- Hay (pack extra!)
- Grooming equipment including sweat scraper
- Extra halter and lead rope
- Box fan (comfort of horse- not required)
- Bungee cords to hold fan
- Extension cord
- Saddle or saddles if riding different disciplines
- Extra Saddle Pads your horse will sweat
- Girth/Bridle





## I -F.23. Riding Safety Headgear Policy

The North Carolina Cooperative Extension Service 4-H Horse Program (“the 4-H Program”) requires all riders to wear protective headgear that meets or surpasses current applicable ASTM (American Society for Testing and Materials)/SEI (Safety Equipment Institute) standards while riding during all County, District and State 4-H Horse Program sponsored events and activities. This headgear must be properly fitted, properly worn on the top of the head, and worn with the harness securely fastened. Events and activities covered by this Rule include, but are not limited to: 4-H Horse Shows, 4-H Horsemanship Camps, 4-H Trail Rides, and 4-H Horse Drill Teams.

The term “riding” as used in this Rule (I-F.23) shall refer to the riding or driving of a horse or pony in a 4-H sponsored event or activity. The term “rider” as used in this Rule refers to a person engaged in riding.

The 4-H Horse Program and the show committees, officials, judges, extension personnel and volunteers associated with the 4-H Horse Program shall enforce this Rule during 4-H Program events and activities. Any rider violating this rule will be immediately prohibited from further riding, and shall be barred or disqualified from the event or activity in which the rider is engaged at the time of the violation.

It is the responsibility of the rider, and the parent or guardian of the rider, to confirm that the headgear worn by the rider complies with safety standards set forth above; is properly fitted, fastened, and worn; and is in such a condition that it would protect the rider in the case of an accident. The 4-H Horse Program and the show committees, officials, judges, extension personnel and volunteers associated with the 4-H Horse Program are not responsible for checking headgear worn by riders for compliance with this Rule.

The 4-H Horse Program makes no representation or warranty, expressed or implied, concerning the headgear worn by any rider during a 4-H Program sponsored event or activity. In particular, the 4-H Program makes no representation or warranty concerning the safety performance of any headgear worn by any rider. The 4-H Program cautions riders that death or serious injury may result despite wearing such headgear as all equestrian sports involve inherent dangerous risk and as no headgear can protect against all foreseeable injuries.

### Reminder

Approved safety helmets are required in ALL 4-H horse riding events and activities. Refer to the helmet rule in the clinic packet for specifics.

### **\*\*NOTICE\*\***

For everyone’s safety and convenience--please

**DO NOT park trucks and trailers next to or between the barns.**

**If you are camping in your trailer, there are camping spots available. Thank you.**

### Notes on hook-ups:

**Absolutely no drop cords can be run to a trailer unless you are paying for a RV spot. Outlets in the barns are for fans and items for inside your stall.**

## North Carolina 4-H Youth Enrollment



The North Carolina 4-H Youth Development Program utilizes an "online" enrollment and registration system called 4-HOnline 2.0. Enrollment and Registration should be completed online via the 4-HOnline 2.0 system. Paper copies are only allowed if an individual/family lacks internet access or English is a secondary language for the individual/family, and a translated paper version is preferred. NC 4-H Collects demographic information as part of our state and federal reporting procedures. \*Paper forms will be manually entered into the 4-HOnline 2.0 system by the local 4-H program staff.

Year: \_\_\_\_\_ County: \_\_\_\_\_

### FAMILY PROFILE INFORMATION

Email: \_\_\_\_\_ Family Name: \_\_\_\_\_

Mobile Phone Number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip Code

### YOUTH MEMBER INFORMATION

Youth Member Name: \_\_\_\_\_  
First Middle Last

\*Preferred (if needed) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Years in Program: \_\_\_\_\_

Gender: ☐ Male ☐ Female ☐ Non-Binary ☐ Gender Identity Not Listed ☐ Prefer Not to Answer

Grade in School: \_\_\_\_\_

Residence: ☐ Farm ☐ City over 50,000 people  
☐ Town under 10,000 people or rural non-farm ☐ Suburbs of city over 50,000 people  
☐ City 10,000-50,000 people

Are you of Hispanic or Latino ethnicity? ☐ Hispanic or Latino ☐ Non-Hispanic or Latino ☐ Prefer Not to State

#### Race:

☐ White ☐ Asian  
☐ Black or African-American ☐ Balance (other combinations)  
☐ American Indian or Alaska Native ☐ Prefer Not to State  
☐ Native Hawaiian or other Pacific Islander



Emergency Contact: \_\_\_\_\_ / \_\_\_\_\_  
Full Name Relationship to member

Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Parent or Guardian 1: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
First Name Last Name

Parent or Guardian 2: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_  
First Name Last Name

School Name: \_\_\_\_\_

**School Type:**

- |  |   |
|--|---|
| <input type="checkbox"/> Charter School              | <input type="checkbox"/> Public School        |
| <input type="checkbox"/> Homeschool                  | <input type="checkbox"/> Special Education    |
| <input type="checkbox"/> Magnet / Specialized School | <input type="checkbox"/> Vocational Education |
| <input type="checkbox"/> Private School              |   |

**Military Affiliation:**

- |   |  |
|---|--|
| <input type="checkbox"/> I have a Family Member Serving in the Military | <input type="checkbox"/> I have a Sibling who is Serving in the Military |
| <input type="checkbox"/> I have a Parent Serving in the Military        | <input type="checkbox"/> No one in my family is serving in the Military  |
| <input type="checkbox"/> I have a Parent Who Retired from the Military  |  |
| <input type="checkbox"/> I have a Parent who Served in the Military     |  |

**Branch of Service (if applicable):**

- |                                       |   |
|---------------------------------------|---|
| <input type="checkbox"/> Air Force    | <input type="checkbox"/> Marines        |
| <input type="checkbox"/> Army         | <input type="checkbox"/> Navy           |
| <input type="checkbox"/> Coast Guard  | <input type="checkbox"/> Not Applicable |
| <input type="checkbox"/> DOD Civilian |   |

**Branch Component (if applicable):**

- |                                      |   |                                   |   |
|--------------------------------------|---|-----------------------------------|---|
| <input type="checkbox"/> Active Duty | <input type="checkbox"/> National Guard | <input type="checkbox"/> Reserves | <input type="checkbox"/> Not Applicable |
|--------------------------------------|---|-----------------------------------|---|

**Custody Release:** You may be asked to present a photo ID at check-out. This is for the participant's safety. Please be aware of this policy before picking up the participant. I hereby give permission for this participant to be allowed to leave the 4-H program after the activity; and if it is necessary for the participant to leave before the end of the program due to illness, injury, or behavioral issues; I hereby give permission for the participant to be released into the custody of:

\_\_\_\_\_

\_\_\_\_\_

**Member's T-Shirt Size:**

- |                                      |                                       |                                       |
|--------------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Adult Small | <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Adult Large  |
| <input type="checkbox"/> Adult XL    | <input type="checkbox"/> Adult 2XL    | <input type="checkbox"/> Adult 3XL    |
| <input type="checkbox"/> Adult 4XL   | <input type="checkbox"/> Youth Small  | <input type="checkbox"/> Youth Medium |
| <input type="checkbox"/> Youth Large | <input type="checkbox"/> Youth XL     |                                       |

***\*This information is required for all federally assisted programs and is solely used to determine compliance with Federal civil rights laws; your responses will not affect the consideration of your application. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner.***



## North Carolina 4-H Youth Development Youth Health History & Authorization Paper Form



Member Name: \_\_\_\_\_  
First Name Middle Name Last Name

Preferred Name (if needed) \_\_\_\_\_

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### HEALTH HISTORY

The following information should be completed by the parent/guardian or adult. This information intends to provide NC 4-H with the background to provide appropriate care and to assist healthcare personnel in the case of an emergency. Any changes to this form should be provided to NC 4-H. The 4-H Health History form is **required annually**. Provide complete information so that the NC 4-H can be aware of your needs.

**Note:** Youth who register to attend a "Residential 4-H Camp" must have a health exam completed by an approved licensed medical personnel within 24 months of camp participation and submit the completed "Health Care Recommendations by Licensed Medical Personnel for 4-H Camp Participants form."

**EXPOSURE:** Has the participant previously had:

Chicken Pox: ☐ Yes ☐ No

Measles: ☐ Yes ☐ No

Tuberculosis: ☐ Yes ☐ No

COVID-19 Immunization: ☐ Yes ☐ No. Date: \_\_\_\_\_ COVID-19 Booster: ☐ Yes ☐ No. Date: \_\_\_\_\_

List Any Other Infectious Exposure (if yes, provide details): ☐ Yes ☐ No

### VACCINATIONS

Date of last Flu Shot: \_\_\_\_\_ Date of last Tetanus Shot: \_\_\_\_\_

**CARE:** Please complete this section with the participant's medical and dental physician information. \*This information will only be utilized in a medical/dental emergency.

Primary Physician Name: \_\_\_\_\_ Primary Physician Phone: (\_\_\_\_) \_\_\_\_\_

Clinic Address: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Dentist Phone: (\_\_\_\_) \_\_\_\_\_

**REMARKS:** List any adaptations needed due to a disability (explain "yes" answers). ☐ Yes ☐ No



**HISTORY:** Does this participant's medical history include any of the following (explain "yes" answers):

**Acute Chronic Illness:** ☐ Yes ☐ No **Concussions:** ☐ Yes ☐ No **Activity Restrictions / Limitations:** ☐ Yes ☐ No

**Recent injury, illness, or infectious disease:** ☐ Yes ☐ No **Ever been hospitalized or had surgery:** ☐ Yes ☐ No

**HEALTH INSURANCE:** The 4-H program purchases insurance for youth participants for many sponsored events. This coverage is not a substitute for personal health insurance and may not cover all accident or medical expenses. Therefore, medical providers may need to bill the family or your insurance company for services rendered. Please provide the following information:

**Company Name:** \_\_\_\_\_ **Policy / Group Number:** \_\_\_\_\_

**CONDITIONS:** Has or does the participant:

**Have ADD-ADHD?** ☐ Yes ☐ No

**Have Anxiety?** ☐ Yes ☐ No

**Have Arthritis?** ☐ Yes ☐ No

**Have Asperger's?** ☐ Yes ☐ No

**Have Asthma?** ☐ Yes ☐ No

**Ever had an Auto-Immune Disease?** ☐ Yes ☐ No

**Ever had back problems?** ☐ Yes ☐ No  
No

**Ever had Chest Pain During or After Exercise?** ☐ Yes ☐ No

**Ever had Joint problems?** ☐ Yes ☐ No

**Ever had Convulsions or Seizures?** ☐ Yes ☐ No

**Have Diabetes?** ☐ Yes ☐ No

**Ever had Dizziness During or After Exercise?** ☐ Yes ☐ No

**Ever had Frequent Infections?** ☐ Yes ☐ No

**Ever had an Eating Disorder?** ☐ Yes ☐ No

**Have a history of Bed Wetting?** ☐ Yes ☐ No

**Ever Been Dizzy / Passed Out During or After Exercise?** ☐ Yes ☐ No

**Have Frequent Headaches?** ☐ Yes ☐ No

**Ever had a Head Injury?** ☐ Yes ☐ No

**Ever been diagnosed with a Heart Murmur?** ☐ Yes ☐ No

**Had Hepatitis A, B, or C?** ☐ Yes ☐ No

**Have Hypertension?** ☐ Yes ☐ No  
☐ No

**Had Mononucleosis in the past 12 months?** ☐ Yes

**Had Mumps?** ☐ Yes ☐ No

**Ever had a Nervous Disorder?** ☐ Yes ☐ No ☐

**Have frequent Nose Bleeds?** ☐ Yes ☐ No

**Sleep Walk?** ☐ Yes ☐ No

**Ever had a Mental Disorder?** ☐ Yes ☐ No

**Have Migraines?** ☐ Yes ☐ No

**Have Skin Problems?** ☐ Yes ☐ No

**Have Stomach Problems?** ☐ Yes ☐ No

**List any Program Activity Restrictions or Limitations** (e.g., what cannot be done, what adaptations or limitations are necessary.)

☐ Yes ☐ No Explain "yes" answers.

**DEVICES:**Wear Contact Lenses? ☐ Yes ☐ NoEpi-Pen (provide details)? ☐ Yes ☐ NoWear Glasses or Protective Eye-Wear? ☐ Yes ☐ NoHearing Aid? ☐ Yes ☐ NoInhaler (provide details)? ☐ Yes ☐ NoList Any Other Devices (provide details). ☐ Yes ☐ No**ALLERGIES:** Please list known allergies here:Aspirin ☐ Yes ☐ NoInsect Stings ☐ Yes ☐ NoDairy ☐ Yes ☐ NoEggs ☐ Yes ☐ NoGluten ☐ Yes ☐ NoNuts ☐ Yes ☐ NoPeanuts ☐ Yes ☐ NoPenicillin ☐ Yes ☐ NoShellfish ☐ Yes ☐ NoSoy ☐ Yes ☐ NoSulfa ☐ Yes ☐ NoSunscreen ☐ Yes ☐ NoTetanus Vaccine ☐ Yes ☐ No Wheat ☐ Yes ☐ NoList any additional allergies here: ☐ Yes ☐ NoList any other Dietary Considerations here: ☐ Yes ☐ No**AUTHORIZED MEDICATIONS:** The following over-the-counter, non-prescription medications can be administered to my child without contacting me.Acetaminophen ☐ Yes ☐ NoAntacid ☐ Yes ☐ NoAntibiotic Ointment ☐ Yes ☐ NoAntihistamine ☐ Yes ☐ NoAspirin ☐ Yes ☐ NoIbuprofen ☐ Yes ☐ NoImodium ☐ Yes ☐ NoPepto Bismol ☐ Yes ☐ NoInsect Bite /Sting Medication ☐ Yes ☐ NoInsect Repellant ☐ Yes ☐ NoSunscreen ☐ Yes ☐ No**MEDICAL RELEASE**

This health history is correct and complete, as far as I know. The person herein described has permission to engage in all 4-H activities except as noted. I hereby give permission to the North Carolina 4-H Youth Development Program to administer authorized/prescribed medications and seek emergency medical treatment, including ordering x-rays or routine tests. I agree to the release of any records necessary for treatment, referral, billing, or insurance purposes. I give permission to the North Carolina 4-H Youth Development Program to arrange necessary related transportation for the person herein described.

In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by North Carolina 4-H Youth Development Program to secure and administer treatment, including hospitalization, for the person herein described. This completed form may be photocopied for trips out of county or state.

Member Name: \_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

☐ Yes, I consent☐ No, I do NOT consent



**NORTH CAROLINA 4-H YOUTH DEVELOPMENT PROGRAM  
LIABILITY WAIVER, ASSUMPTION OF THE RISK, PHOTO & MEDIA RELEASE,  
AND INDEMNIFICATION YOUTH AGREEMENT**

In consideration of NC State University and/or NC A&T State University allowing my minor child to participate in the North Carolina 4-H Program (hereinafter "Program"), I, for myself and/or on behalf of the minor child listed below ("Minor"), agree as follows:

I affirm and acknowledge that the Minor is participating in the Program for their own personal benefit. I understand that the Minor will participate in recreational and other activities as part of the Program and that such activities have inherent dangers and physical risks. I understand and acknowledge that the inherent dangers and physical risks involved in these activities are such that no amount of care, caution, instruction, or expertise can completely eliminate them. These dangers and risks include but are not limited to, loss of or damage to personal property, strains, sprains, bruises, heat exhaustion, and other personal injuries, or even death, that could result from tripping, falling, contact with other individuals, and equipment failure, among other causes. I assume responsibility for all risks, known and unknown, involving the Minor's participation in the aforementioned activities, and I voluntarily authorize the Minor's participation in reliance upon my own judgment and knowledge of the Minor's experience and capabilities.

Additionally, I understand that the coronavirus ("COVID-19") has been declared a worldwide pandemic by the World Health Organization and has become more widespread, including within North Carolina. COVID-19 is very contagious and believed to be spread mainly from person-to-person contact. I understand and appreciate that there are known and potential dangers of utilizing the Program's facilities, services, and programs, and I acknowledge that the use of these facilities and services may, despite the Program's reasonable efforts to mitigate the dangers, result in exposure to COVID-19, which could result in quarantine requirements, serious illness, disability and/or death. The Center for Disease Control and state and local health departments, are reviewing and updating their respective guidance on the pandemic and its impact nearly every day.

I represent that I am acting on my behalf or as the parent or legal guardian of the Minor and I have authority to enter this Agreement. I also represent that the Minor is in proper physical and other condition to participate in the Program. I understand that it is my sole responsibility to determine whether the Minor is sufficiently fit and healthy enough to participate in the Program, and if necessary, I will consult with the Minor's physician for appropriate guidance.

On behalf of myself and the Minor, I hereby agree to indemnify and hold harmless NC Cooperative Extension, NC State University, NC A&T State University, the NC 4-H Youth Development Program, and their trustees, officers, directors, employees and agents (the "Released Parties") from any liability, losses, costs, damages, claims or causes of action of any kind or nature whatsoever, and expenses, including attorneys' fees, arising from, resulting from, or relating in any way to the Minor's participation in the Program. I further agree that if, despite this Agreement, the Minor or anyone on the Minor's behalf, makes a claim against any of the Released Parties, I will indemnify, defend and hold harmless each of the Released Parties from any liabilities which may be incurred as a result of such claim.

I understand that the Minor and I are required to be familiar with and abide by the Program's rules and regulations, including the 4-H Code of Conduct and/or the NC 4-H Volunteer Standard of Behavior and any safety regulations established for the benefit of all participants. I accept sole responsibility for the conduct and actions of the Minor while they are participating in the Program.

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

       **YES, I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.**

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Name of Minor: \_\_\_\_\_

## NORTH CAROLINA 4-H PHOTO & MEDIA RELEASE

I agree to allow NC Cooperative Extension, the 4-H Youth Development Program, NC State University, and/or NC A&T State University or their agents to photograph or record the Minor during the Program. I further agree that the Minor's image or likeness in photographs, videos, or audio may be used for educational or promotional purposes, including broadcasting or posting on the Internet. I agree that the use described herein may be without compensation to me or the Minor. On behalf of myself and the Minor, I waive any right to inspect or approve the finished electronic, photograph, or printed matter that may be used in conjunction with the printed matter now or in the future. I expressly release NC Cooperative Extension, North Carolina 4-H Youth Development, NC State University, NC A&T State University, their agents, employees, licensees and assigns from any and all claims which I or the Minor may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast or exhibition of such recordings.

Check one:

☐ I **AGREE** to photo/media use for any use described herein.

☐ I do **NOT AGREE** to photo/media use for any use described herein.

I understand that this is a legal document which is binding on me, my heirs and assigns and on those who may claim by or through me. I am eighteen years of age or older, and have full capacity to enter into this agreement and do so voluntarily.

**I HAVE READ THIS AGREEMENT, I UNDERSTAND IT, AND I AGREE TO BE BOUND BY IT.**

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Name of Minor: \_\_\_\_\_



## TRANSPORTATION AUTHORIZATION & WAIVER FORM

I am the parent or legal guardian of the Minor Child being registered herein. I understand and acknowledge that, to participate in some local, district and state 4-H programs (e.g., retreats, judging contests, educational field trips, etc.), Minor Child must be transported by motor vehicle to such programs and that, on many occasions, transportation will be provided by the North Carolina 4-H Youth Development Program ("4-H").

I authorize Minor Child to be transported in government-owned and/or privately-owned vehicles driven by properly licensed and insured individuals authorized to drive by 4-H.

I understand and have discussed with Minor Child that Minor Child is expected to follow all applicable laws regarding riding in a motor vehicle (including but not limited to wearing a seat belt); is expected to follow the directions provided by the driver, staff, or volunteers related to transportation; is expected to respect the driver, staff, volunteers and other occupants of the motor vehicle; and will not be disruptive to the driver of the motor vehicle.

I am aware of the inherent risks and dangers (including but not limited to property damage, serious injury, and even death) involved with motor vehicle transportation. I hereby voluntarily assume such risks and, to the fullest extent permitted by law, I hereby voluntarily waive, release, and forever hold harmless 4-H, North Carolina State University, and North Carolina Agricultural and Technical State University and their current and former employees, volunteers, agents, and representatives (collectively, the "Releasees" and, singularly, a "Releasee") from any and all liability, actions, claims, and demands arising out of or relating to any loss, damage, or injury sustained in connection with Minor Child's transportation to or from the locations of events associated with Minor Child's participation in 4-H, unless Minor Child or Minor Child's property is directly harmed or injured by the gross negligence or willful and wanton misconduct of a Releasee. I further agree to indemnify and hold harmless the Releasees from liability for the injury or death of any person(s) and damage to property that may result from Minor Child's negligence or intentional act or omission.

I have read this entire Transportation Authorization and Waiver Form. I fully understand its terms and conditions, and I agree to be legally bound by its terms. In signing this Transportation Authorization and Waiver Form, I am not relying on any oral or written representations from any of the Releasees.

Check one:

\_\_\_\_\_ I **AGREE** to transportation authorization and waiver as described herein.

\_\_\_\_\_ I do **NOT AGREE** to transportation authorization and waiver as described herein.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Name of Minor: \_\_\_\_\_

## **NORTH CAROLINA 4-H CODE OF CONDUCT AND DISCIPLINARY PROCEDURE**

The NC 4-H Youth Development Program has established standards of conduct for all participants. It is the responsibility of the parent/legal guardian and the participant to review the Code of Conduct and Disciplinary Procedures.

### **I. Purpose and Application:**

- A. The 4-H Code of Conduct is intended to foster safe face-to-face and online environments that are conducive to optimal learning and growth. Toward that end, youth participants are expected to behave in a way that respects the dignity, rights, and property of others, and that will not disrupt or interfere with 4-H program goals.
- B. This 4-H Code of Conduct and Disciplinary Procedure is a condition of participation in any North Carolina 4-H activities or programs.

### **II. Behaviors Prohibited at 4-H Program Activities:**

- A. Possession, selling, and/or use of alcoholic beverages, tobacco products, and illegal drugs OR being present where individuals are using alcohol, tobacco products, and/or any illegal substances
- B. Any kind of sexually related physical contact
- C. Bullying, harassing, or using derogatory language toward another person or group of people is prohibited
- D. Harassment will not be tolerated. Hazing is prohibited. Cyberbullying is prohibited
- E. Recording, taking, or sharing screenshots or images is prohibited unless directed to do so for Program purposes
- F. Sharing links or passwords for Programs or content is prohibited unless directed to do so for Program purposes
- G. Possession of weapons or firearms (except while participating in a 4-H Shooting Sports Event)
- H. Behavior that violates state or local laws
- I. Damage to property of others
- J. Theft, misuse, or abuse of public or personal property
- K. Conduct that jeopardizes the safety of self or others
- L. Conduct that disrupts or interferes with 4-H programming
- M. Using Program content, contacts, images, or video for personal use outside the scope of the Program
- N. Sharing personal information, email, or social media accounts with individuals outside the scope of the Program
- O. Leaving a program or facility without the permission of parents or 4-H staff (including authorized volunteers)
- P. Inappropriate dress, including but not limited to clothing that is disruptive to the operations or goals of 4-H. Examples may include but are not limited to, clothing with negative or hateful language or symbols. All 4-H participants are held to the same standards of dress, regardless of gender identity and sexual orientation. Clothing and bathing suits should cover all reproductive anatomy (breasts and genitals) as well as buttocks. Any participant whose clothing reveals reproductive anatomy or buttocks will be asked to change into clothing that is not revealing.

### **III. Additional Basis for Disciplinary Action**

County or State Extension personnel may impose discipline pursuant to Part IV below in cases

North Carolina State University and North Carolina A&T State University commit themselves to positive action to secure equal opportunity regardless of race, color, creed, national origin, religion, sex, age, disability. In addition, the two Universities welcome all persons without regard to sexual orientation. North Carolina State University, North Carolina A&T State University, U.S. Department of Agriculture and local governments cooperating.



of misconduct by current, former, or prospective 4-H participants if, in the judgment of 4-H personnel or their supervisors, the misconduct poses a potential risk to the 4-H program. This includes risks to the safety or well-being of others and risks to the effective functioning or integrity of 4-H. This applies regardless of whether the misconduct occurred during a 4-H activity or in a setting unrelated to 4-H activity.

#### **IV. Disciplinary Procedures:**

- A. Discipline may be imposed by any 4-H staff or Cooperative Extension Service employee with oversight responsibility for 4-H activities.
- B. Unless immediate action is required, the following procedures should take place before imposing any adverse consequences:
  - 1) the accused participant shall be told the charge (which of the prohibited behaviors listed above he or she is accused of violating), and
  - 2) the accused participant is told what factual evidence supports the charge, and
  - 3) the accused participant has been given a chance to tell his/her side of the story.
- C. The 4-H staff person must be satisfied that the participant engaged in the prohibited behavior before imposing a sanction.
- D. Sanctions may include some or all of the following:
  - 1) Verbal warning
  - 2) Notification to parents
  - 3) Immediate removal from the activity
  - 4) Being placed on a behavior contract
  - 5) Referral to local law enforcement and/or juvenile court
  - 6) Program suspension and/or
  - 7) Expulsion from program
  - 8) Dismissed participants may not be eligible for a refund of any fees or expenses
  - 9) Other sanctions appropriate to the circumstances, as determined by 4-H.
- E. Appeals
  - 1) Disciplinary action for local or county-level events may be appealed to the County Director and or 4-H Agent. All appeals must in writing and must be received by the County Director and or 4-H Agent within 30 days of the disciplinary action. The County Director and or 4-H Agent or designee shall review the appeal statement, and any written response from the decision maker, and may review other relevant information. The County Director and or 4-H Agent shall send a written decision to the appellant, the 4-H staff member who made the initial decision, and the Head of the State 4-H Youth Development Program. The County Director and or 4-H Agent's appeal decision shall constitute the final agency action unless the Head of the State 4-H Youth Development Program chooses to exercise further review.
  - 2) Disciplinary action for regional or state-level events may be appealed to the Head of the State 4-H Youth Development Program, Cooperative Extension Service, Box 7655, NC State University, Raleigh NC 27695-7655; telephone (919) 513-3059. All appeals must in writing and must be received by the Head within 30 days of the disciplinary action. The State 4-H Youth Development Program Head or designee shall review the appeal statement, and any written response from the decision maker, and may review other relevant information. The Head shall send a written decision to the appellant and the 4-H staff member who made the initial decision, and the Head's appeal decision shall constitute the final agency action.
- F. Immediate action situations:

4-H or Extension staff may take immediate action to remove a participant from an activity and other action as needed, where there is an emergency situation or significant risk of continuing misconduct. In those cases, the immediate action is temporary discipline. The 4-H or Extension staff must arrange for the procedures in parts B, C, D, and E above as soon as possible but in no event longer than seven days from the temporary discipline.

Member Printed Name: \_\_\_\_\_  
\_\_\_\_\_

Signature of Member:

Signature of Parent/Guardian: \_\_\_\_\_  
\_\_\_\_\_

Printed Name of Parent/Guardian:

Date: \_\_\_\_\_



## **Equal Opportunity, Non-Discrimination, and Affirmative Action Policy**

### **1. INTRODUCTION**

North Carolina State University (NC State) is a diverse community committed to being welcoming, inclusive and supportive for all people. Educational and employment decisions must be based on factors germane to academic- or work-related abilities or performance and must be in alignment with NC State's values.

In support of this commitment, NC State strives to provide a learning and working environment free from unlawful discrimination and harassment and to provide an equitable and supportive process for reporting and resolving such allegations free from retaliation. In addition, NC State maintains an affirmative action program designed to create and maintain diversity in its educational programs and activities, its workforce, and in its contracts with outside entities.

This policy defines prohibited conduct and outlines general provisions the university will follow with respect to handling allegations of Discrimination, Harassment, and Retaliation. Specific procedures relating to Discrimination, Harassment, and Retaliation complaint processes are contained in companion regulations.

### **2. POLICY STATEMENT**

NC State provides equal opportunity and affirmative action efforts, and prohibits Discrimination and Harassment based upon the following, which is considered by NC State to be a "Protected Status":

- a. race
- b. color
- c. religion (including belief and non-belief)
- d. sex, including but not limited to
  - (i) pregnancy, childbirth, or related medical condition,
  - (ii) parenting; and
  - (iii) sexual harassment;
- e. sexual orientation;
- f. actual or perceived gender identity;
- g. age;
- h. national origin;
- i. disability;
- j. veteran status; or
- k. genetic information.

NC State also prohibits Retaliation based upon a person's engagement in a Protected Activity.

### **3. COVERAGE**

3.1 This policy applies to all NC State applicants, employees, students, and other persons who participate in University programs or activities, and/or who are conducting University business, whether on or off-campus.

3.2 The Board of Trustees through the Chancellor has designated NC State's Office for Institutional Equity and Diversity ("OIED") as the office to address allegations of discrimination, harassment, or retaliation.

3.3 Title IX of the Education Amendments of 1972 ("Title IX") prohibits sexual harassment, which is a form of sex discrimination.

Title IX regulations require institutions of higher education to implement a Title IX Policy to address sexual harassment as specifically defined by the U.S. Department of Education. Accordingly, reports that an individual may have engaged in sexual harassment as defined by Title IX regulations may be subject to review in accordance with the Title IX Sexual Harassment Policy ([NCSU POL 04.25.07](#)). Notably, reported misconduct that does not constitute sexual harassment as specifically defined by the Title IX Sexual Harassment Policy may still be prohibited and does not preclude the University from evaluating the reported misconduct under the other provisions of this policy.

#### 4. DEFINITIONS

For purposes of this policy, the following definitions apply:

**4.1 Discrimination** is unfavorable treatment of a person because of a person's Protected Status which denies, limits, or adversely impacts a term or condition of a person's employment, education, or participation in University programs or activities. Discrimination includes the denial of a request for a reasonable accommodation based upon disability or religion.

**4.2 Harassment** is unwelcome conduct based on a person's Protected Status that creates a situation where:

- a. enduring the offensive conduct becomes a condition of employment or of participation in a University program or activity; or
- b. the conduct is sufficiently severe or pervasive to create an environment that a reasonable person would consider intimidating, hostile, or abusive.

All relevant circumstances are examined as part of this determination, including but not limited to, whether the conduct is verbal, physical, or electronic; the frequency of the conduct; the severity of the conduct; the Protected Status and relationship of the individuals involved; whether the conduct was physically or psychologically threatening or humiliating; whether the conduct unreasonably interfered with work performance (for employees) or academic performance (for students). When sufficiently severe, a single instance of unwelcome conduct may constitute Harassment under this policy.

Sexual Harassment is defined in section 4.6 below.

**4.3 Protected Activity** includes filing a complaint that alleges a violation of this policy, participating as a witness or party in an investigation, proceeding, or hearing involving an alleged violation of this policy; or requesting a reasonable accommodation based on disability or religion.

**4.4 Protected Status** is defined in Section 2 of this policy.

**4.5 Retaliation** is any adverse action (including but not limited to intimidation, threats, or coercion relating to an adverse action) against a person because that person engaged in a Protected Activity.

**4.6 Sexual Harassment** is a form of Harassment which is based on a person's sex or is of a sexual nature. Sexual Harassment can include unwelcome sexual advances, requests for sexual favors, sexual exploitation, and other verbal, non-verbal or physical harassment of a sexual nature. Allegations of sexual harassment as defined under Title IX may be addressed by the Title IX Sexual Harassment Policy ([NCSU POL 04.25.07](#)).

#### 5. COMPLAINTS

Any person may report an allegation of Discrimination, Harassment (including Sexual Harassment), or Retaliation as defined in this policy. The reporter should follow the procedure described in [NCSU REG 04.25.02](#) (Discrimination, Harassment and Retaliation Complaint Procedures) to file a report or formal complaint.

#### 6. RESPONSE TO ALLEGATIONS OF DISCRIMINATION, HARASSMENT AND RETALIATION

**6.1** In response to a report or complaint filed pursuant to this policy, NC State will respond and provide a fair procedure with due process protections for complainants and respondents.

**6.2** Appropriate corrective measures will be instituted for violations of this policy. Such corrective measures will be designed to stop the Discrimination, Harassment, and/or Retaliation and to prevent future violations. Corrective measures may involve disciplinary action up to and including expulsion (for students) or discharge (for employees).

6.3 Disciplinary action for a violation of this policy will be the responsibility of the Office of Student Conduct (for students) and appropriate administrator (i.e. vice chancellor, dean, director, supervisor, etc.) (for employees), in accordance with applicable disciplinary procedures for students or employees.

## 7. AFFIRMATIVE ACTION

7.1 NC State maintains an affirmative action program in accordance with federal and state law and regulations. Development of the University's affirmative action and equal employment opportunity plan (the "AA/EEO Plan") at NC State, is assigned to the Vice Provost for Institutional Equity and Diversity, who serves as the university's Affirmative Action Officer.

7.2 The head of each administrative or academic unit, and subunits as identified by the Affirmative Action Officer, shall be responsible for working with the Affirmative Action Officer to implement the requirements of the AA/EEO Plan.

7.3 All University publications, job advertisements, prime federal contracts and subcontracts, purchase orders, and publicity for University events must state that NC State is an AA/EEO employer. Approved taglines and clauses for these purposes are located on the OIED webpage.

7.4 As part of NC State's affirmative action efforts regarding persons with a disability and protected veterans, individuals who qualify and wish to benefit from the Affirmative Action Plan are invited and encouraged to self-identify their status. This information is provided voluntarily and unless required by law to be disclosed, the information obtained will be kept confidential.

\*NCSU POL 04.25.05 can be accessed at this link: <https://policies.ncsu.edu/policy/pol-04-25-05/>.

## I ATTEST THAT I HAVE READ THIS POLICY STATEMENT.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Name of Minor: \_\_\_\_\_