



University of New Hampshire  
Cooperative Extension



**4-H**

**“ALL ABOUT THE DOGS” Weekend Clinic**  
held at the

**HILLSBOROUGH COUNTY YOUTH CENTER**

15 Hilldale Lane, New Boston, NH 03070

***NEW BOSTON, NH***

***JUNE 16 - 18, 2017***

**A Fun Filled Weekend of Activities for Youth and their Dogs**  
**A Good Start for a Great Summer**



**Join us for a *pawsitively* good time at the 20th annual weekend of demos, dog training, and fun. Come learn, meet new people, visit old friends, and just have grrrreat time! Organized by the Rolling Bones 4-H Club.**

The University of NH Cooperative Extension is an equal opportunity educator and employer.  
University of New Hampshire, U.S. Department of Agriculture and N.H. counties cooperating.  
If you require special accommodations to participate in this program, please contact Hillsborough County 4-H,  
(603) 641-6060, by June 9 so proper consideration may be given to this request.

Hello Everyone,

I hope you can join us at our 20<sup>th</sup> annual “All About The Dogs” 4-H Dog Weekend Clinic, organized and run by the Rolling Bones 4-H Club. Our goal is to provide a great fun filled, canine training/themed weekend for youth enrolled in the 4-H Dog Program, or youth interested in joining. You will have the opportunity to learn new things, meet new people, visit old friends, get ready for the upcoming 4-H show season, and of course, have FUN with your dogs. We will expose the participants to activities and training seminars that they might not have the opportunity to see and experience through their local 4-H group. We have had, and hope to continue to have, 4-Hers from all over New England come to this program.

It does not matter if you are a 1<sup>st</sup> year 4-H participant or an experienced 4-Her in the dog program, we have activities for everyone. This weekend is run entirely by volunteers who donate their time. We are very fortunate to have the support of many canine fanciers including 4-H Alumni, parents, professionals in specific canine-related fields, and 4-H leaders, all helping to make this program successful. Please read the information packet carefully, as things have been added and changed from previous years. There are new rules that may apply to you, so please read and understand the entire packet (guardian and youth).

We gear the weekend towards activities to help prepare a 4-H Dog Program participant for the summer and fall activities, such as fairs and regional shows. This clinic provides opportunities for a 4-H Dog Program member, or person who is interested, for knowledge to participate fully in other opportunities in the 4-H Dog Program.

You may also refer to our website, [www.allaboutthedogsweekend.com](http://www.allaboutthedogsweekend.com), for additional information, pictures, forms, and frequently asked questions.

We look forward to seeing you in June. Your participation is key to the success of this weekend.

Sincerely,

Your Weekend Director

Danielle Furness

4-H Alum and Rolling Bones 4-H Leader



## ***Who Is Invited***

- Youth 12 & over (age as of January 1<sup>st</sup>) and their dogs are welcome with or without parent/guardian.
- Youth 8 - 11 (age as of January 1<sup>st</sup>) are invited, with their dog, but **a parent/guardian must stay with youth under 12.**

We recommend those youth that are not ready to stay overnight participate in the Saturday only activities option. \*\*Note: Males and females are housed in separate dorms/floors; none of the dorms are co-ed or family style.

Come for the weekend, or just come for Saturday, 8:00am to 5:00pm  
4-H Leaders are welcome, and encouraged, to attend

### **Who is this weekend geared towards?**

The purpose of this weekend is to help kick start the summer season for the 4-H dog program participant, and provide educational and fun activities to prepare the 4-Her for other 4-H dog events coming in summer and fall. We want to provide all 4-H dog program participants a chance to be better prepared for their first 4-H dog show, or 4-H dog event, and connect to others involved in the program. We want those who participate in the weekend to gain skills, confidence, knowledge, friends, and have fun to help them succeed in the program throughout the year. We provide programming that is geared towards specific guidelines that are set by the NH 4-H dog curriculum committee, and we focus on specific educational topics based on regional events, which varies each year.

## ***Dog Information***

Dogs must be in good health, free of contagious diseases and fleas.

All dogs must have a current health form and a rabies certificate (within the past three years). **Dogs need to be under the control of their handlers and not aggressive toward other dogs or people.** The dogs stay in the dorms with the youth at night, so crate trained quiet dogs only, please. It is highly recommended that dogs have flea and tick preventative on them.

Proof of Rabies vaccine and Distemper vaccine (DHPP), or titer, must be provided in dog health sheet. You must provide information whether distemper vaccine is a 1 year or 3 year vaccine on form. Follow directions on Health sheet to fill out properly. Other vaccinations (Bordetella, leptospirosis, Lyme) are optional but we recommend you consult your vet. Any dog showing signs of sickness or any other disease will be ask to leave immediately. 4-H is not responsible if your dog gets sick at any time during or after participating in any 4-H event.

Your dog will be around many people and other dogs over the weekend. If your dog exhibits aggressive behavior that negatively impacts the experience for others, the weekend directors reserve the right to remove your dog from the program for safety reasons. The committee reserves the right to remove any dog from the program or an activity at any time if they feel it is being unsafe in any way.

We know many may still be working on behaviors with their dogs, and are unsure of how they will behave during the weekend. If you have concerns, please feel free to discuss your situation with the weekend director or your 4-H leader.

In case of a dog medical emergency, parents will be contacted. There are many Veterinarians within a short driving distance, as well as emergency clinics located in Manchester and Concord. A veterinary technician will be staying the weekend

who can help with questions or concerns with health of dogs. First aid will be administered then it will be determined if veterinary services are needed immediately.

Participants are responsible for the care of their dogs the entire weekend.

### **BANDANA PROGRAM**

Dogs who need more space will be wearing a special orange bandana that will be provided. *These are not bad dogs.* When you see a dog wearing this orange bandana proceed with caution when approaching, and speak with the human about the best way to handle a dog-to-dog introduction. If your dog has an orange bandana, it is your responsibility to ensure that you give other dogs space, as well. All dogs are expected to be reasonably well socialized and people/dog friendly. We understand that some dogs are good dogs, but do not react well when another dog invades their personal space. The bandana prevents a child from continuously having to worry that another dog may be getting too close to their dog. The bandana program is for the safety and precaution of all participants, including those dogs wearing them... safety is our top priority! If you need a bandana please make sure you mark this on your application form appropriately.

We stress at all times child must use the bubble rule (see below), no matter if wearing a bandana or not.

### ***“Bubble” Rule – Maintaining Space***

***All dogs and handlers are to practice the "bubble" rule. All participants with their dogs should keep their dogs within their imaginary bubble surrounding them. Similarly, participants should not let their dogs enter into another dogs "bubble". This helps to ensure a safe surrounding around everyone and their dogs and makes sure participants are always watching their dogs.*** Child must be able to reasonably be able to control and contain dog within in their bubble by themselves for safety.

### ***Arrival and Departure***

The arrival time for weekend participants is Friday night between 6:00 and 7:00 pm. No meal is served Friday night, but drinks will be available. Most families bring a picnic dinner and eat in the dining hall. Sandwiches/Pizza/food can be purchased at New Boston Pizza (603-487-2800) or Dodges Store in New Boston village (1 mile). Please purchase any food before you arrive for the weekend.

Pick up will be Sunday at 11:30 am for weekend participants.

Saturday only participants must be present from 8:00 am until 5:00 pm.

All participants **must** attend the orientation meeting in order to participate in the weekend (Friday evening for weekend participants and Saturday morning for Saturday-only participants). Weekend participants **MUST** attend the Friday orientation meeting.

### ***Facilities***

The NH “All About The Dogs” weekend is held at the Hillsborough County Youth Center in New Boston, NH. Volunteers and youths stay in two buildings that

have all necessary facilities. The youth will be provided with a cot and mattress. Youth will have 24-hour supervision. Boys and girls are housed in separate buildings or on separate floors. A kitchen with dining pavilion provides the eating facilities. Level fields provide space for all sports and other outdoor activities. The T. R. Langdell Arena or the Charles Buck Barn will be used for activities if it rains.

### **Transportation**

All youth are responsible for transportation to and from the facilities.

### **Safety**

The NH "All About The Dogs" Weekend reserves the right to add additional rules before the start of the weekend. All rules will be posted and reviewed at the beginning of the weekend. These rules are mandatory, and if anyone chooses not to follow them, a parent or guardian will be contacted to pick up the participant. ***If the safety orientation meeting is not attended, we reserve the right to deny you participation into the program.***

Proper foot attire is required. Close-toed shoes must be worn.

Due to safety reasons parking will only be in posted areas.

There is no medical staff in attendance during the weekend. In case of a medical emergency, paramedics will be called and parents will be notified.

If there is an emergency and a parent/guardian needs to remove the child from the program and leave they must sign out with the director.

## **All About the Dogs Weekend Rules**

- No Dogs in heat shall be allowed at the weekend. Females that come into season during weekend will be asked to leave.
- You must stay in the boundaries of the Youth Center. Once a child has checked in, they must remain on site grounds for the entire program.
- You must stay off of all equipment (agility, flyball, lure coursing, etc.) unless an instructor is present.
- Dogs must be leashed on the Youth Center grounds and in dorm & building areas at all times, except during appropriate training classes. No retractable/"flexi" leashes, please.
- Poop Pick Up - You are responsible for picking up all waste from your dog and disposing in outdoor trash cans that will be provided.
- Buddy System - All Youth must be accompanied by another youth or an adult at all times when out and about on the Youth Center grounds.
- Dogs must be crated at night - See additional dorm rules that will be posted in dorms.
- You must attend all activities on your schedule. Don't be late. Attendance will be taken at all activities.
- Youth's cell phones must be turned to vibrate, or be in the off mode, and not be used during any seminar or planned activity (includes text messaging).
- Parents, out of respect for instructors please turn cell phones to vibrate or silent. Please leave the seminar if you need to answer a phone call.
- Be respectful to ALL youth and volunteers at all times.
- Please report any accidents/incidents to Danielle, your weekend director. All accidents/incidents MUST be reported immediately.
- Respect dogs wearing orange bandanas (see bandana program).
- You are to maintain the care and control of your dog at all times. All dogs must be housetrained, reasonably well socialized, and not aggressive towards people. If your dog has been aggressive towards people, please do not bring them to the weekend.
- No tobacco products, drugs, or alcohol are permitted on the grounds.
- At no time may a parent or guardian remove a participant from the grounds without checking out with the weekend director.
- The Horn - If you hear a car horn blow for over 20 seconds, proceed to the front of the dining hall ASAP, with or without dogs. An emergency roll call will be performed.

NOTE: Additional rules may be added. Any of the above rules may be changed as deemed necessary by the weekend committee. The weekend committee will determine the interpretation of all the 4-H Dog Activity rules.

## ***Participation***

**If you have signed up for the full weekend, you must attend the full weekend.** You may not come and go when it is convenient for you. The weekend is not designed to be a drop-in event. If you do this, the weekend committee reserves the right to deny your application the following year. This is in the interest of safety and security and respect for our volunteers. We all sacrifice something to be present for the entire weekend.

The club has worked hard to provide planned programs for a certain number of participants. If you cannot participate in the full weekend, or the full day Saturday, please give the opportunity to someone else to participate in the program.

### ***Cost:***

#### **4-H Members**

**\$65 Per 4-H youth for the entire weekend** (all meals and activities included)

**\$40 Per 4-H youth - Saturday Only** (lunch, drinks, and snacks PLUS 1 Adult lunch included) 8:00am – 5:00pm

#### **Non 4-H Members**

**\$80 Per Non 4-H Youth for the entire weekend** (all meals and activities included)

**\$50 Per Non 4-H youth - Saturday Only** (lunch, drinks, and snacks PLUS 1 Adult lunch included) 8:00am – 5:00pm

#### **Parents/Guardians**

**\$40 Per Parent/Guardian accompanying child - entire weekend** (all meals included)

#### **Additional lunches on Saturday**

\*\* If any additional person accompanies a youth on Saturday (such as a sibling or other parent), and that person would like to eat lunch with the group, there will be a \$5 charge per additional person. Please let us know in advance so that we can be prepared.

**Scholarships:** Unfortunately, the All About The Dogs Weekend does not have scholarships available at this time. We strive to keep the cost as low as possible for all participants.

>>>>>Check with your local 4-H offices to see if there are scholarships available to help you with the cost.

**NOTE:** If you have received a scholarship, please follow the directions on the scholarship for redemption. The scholarship coupons/vouchers won at fairs often need to be sent to the county extension office it came from, and not us. The office will then send a check to us, but they must have these vouchers in hand, sent from you, before they will make payment to us.

>>>>>We suggest club fundraisings to help defray the cost of your club members to participate.

## **Directions to Hillsborough County Youth Center**

15 Hilldale Lane, New Boston, NH 03070

### **From the North:**

Route 93 S to Manchester  
Route 293 S along the west side of Manchester.  
Exit to Route 101W/Route 114 towards Milford/Bedford (Macy's Exit)  
Follow directions below from Route 114 /Bedford.

### **From the East:**

Route 101 to Manchester  
Route 93S/101 to 293/101 around south side of Manchester towards Milford/Bedford  
Follow directions below from Route 114 /Bedford

### **From the South:**

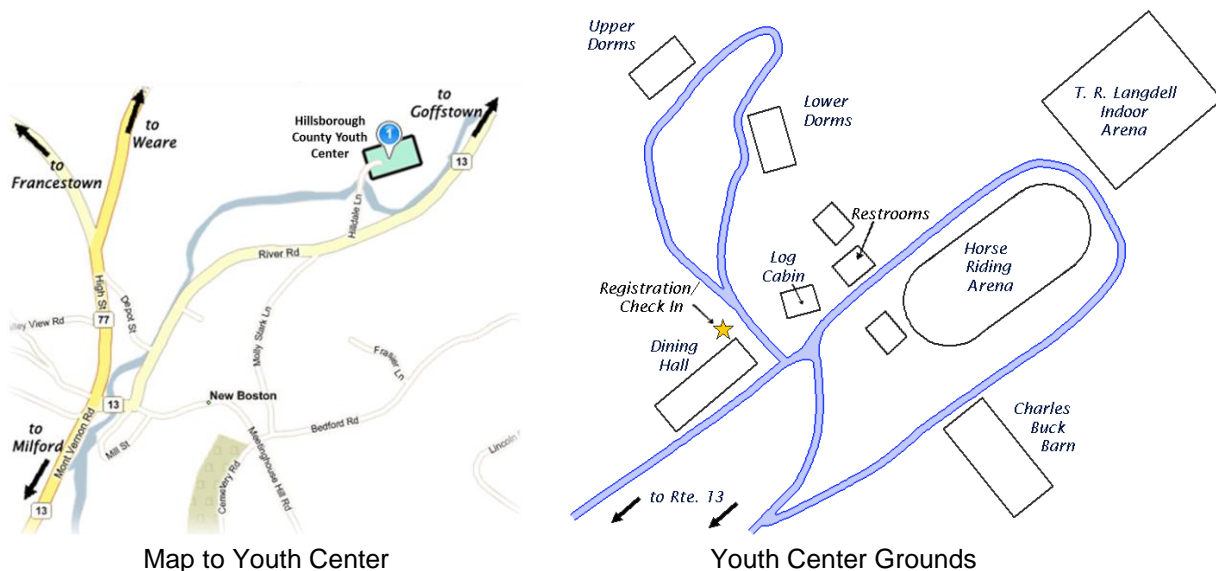
Route 3 North  
Exit to pick up Route 101W/114 towards Milford/Bedford  
Follow directions below from Route 114 Bedford

### **From Route 114 in Bedford/Manchester**

Route 114 N to Goffstown Village (approximately 7.5 miles from the Route 101/114 split at stoplight) to Route 13 S  
Follow Route 13 S to New Boston Village.  
(Turn left on Rte 13 after the Gulf station, in the middle of traffic islands)  
(Approximately 7.5 miles, along the Piscataquog River)  
Right turn into Youth Center, before New Boston Village, before the gas station

### **Alternate South route:**

Route 13 N from Massachusetts... Townsend/Leominster/Fitchburg area  
Approximately 12 miles to Milford, stay on Route 13.  
Approximately 5 miles to Mont Vernon, stay on Route 13  
Approximately 7 miles to New Boston, stay on Route 13  
Route 13 through New Boston Village, (watch the right turn over the river, left past the store)  
Youth Center entrance is on the left after the gas station (approx 1 mile)





## ***Suggested Equipment and Clothing List***

<u>Clothing and Personal</u>	<u>Dog Stuff</u>
Pillow and Pillow case	Dog food/water/dishes
Sleeping bag <b>or</b> 3 blankets & 2 sheets	Dog health form (Copy)
Suitcase, duffel bag, or pack	CURRENT Rabies Certificate (Copy)
Dirty clothes bag	Obedience leash/collar
1 pair of shorts	Show leash
1 pair of jeans or sturdy trousers	Dog crate (large enough for dog to stand and turn around in)
Warm jacket/rain jacket	Crate blanket
1 sweater or sweatshirt	Treats for training
1-2 pairs of shoes (close-toed)	Plastic clean up bags
Flip-flops for shower/bathroom	First Aid Kit (if you have one)
3 pairs of socks	Flashlight
2 changes of underwear	Old towels
1 pair pajamas	Old sheet or crate cover (to help dog rest undistracted)
Toiletries	(Optional - a fan)
Brush/comb	(Old towels can be used if it is hot, put in the crate wet, or pinned around the dog to cool them down, or to wipe down a wet dog if it is raining)
Insect repellent/sunscreen	
Deodorant/shampoo/Towel	

Bring clothes that are appropriate for the weather forecast. End of June weather can vary, **please be prepared**. Please bring rain gear, umbrella, extra boots/shoes if the forecast indicates possible rain. **BE PREPARED.**

Bring clothes and shoes that can get wet; sprinklers will be set up if it is hot.

### **PLEASE PUT YOUR NAME ON ALL YOUR STUFF**

We are not responsible for lost items.

For more information, or if you have questions about the 4-H Dog Weekend, Please visit our website at: [www.allaboutthedogsweekend.com](http://www.allaboutthedogsweekend.com), or call

Hillsborough County 4-H Extension office:  
**Jolee Chase (603) 641-6060** M-F 8:00 am - 4:30 PM

***Or***

Rolling Bones 4-H Club leader (Merrimack County)  
 and Weekend Director:  
**Danielle Furness (603) 428-3192 e-mail: [daniellesnook@hotmail.com](mailto:daniellesnook@hotmail.com)**

Once the clinic has started, Danielle may be reached on her cell phone at (603) 731-6843.

# 2017 “All About the Dogs” Weekend Youth Application

(Please Print Clearly)

If more than one child is attending, please use a separate form for each child.

Name: \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ (Parent/Guardian Attending?  Yes  No.)

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

City, St, Zip: \_\_\_\_\_ County (if from NH): \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email (Parent/Guardian): \_\_\_\_\_ (we will confirm that we received your forms via email only . We may also contact you via e-mail if we have any questions)

Email (Youth): \_\_\_\_\_

Vegetarian?  Yes  No Special dietary needs (please explain): \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Breed of Dog: \_\_\_\_\_ Dog's name: \_\_\_\_\_

Age of Dog: \_\_\_\_\_

4-H Member?  Yes  No. If yes, 4-H Club: \_\_\_\_\_

This is my first year showing  Yes  No

How many years have you been involved in the 4-H dog program? \_\_\_\_\_

I have worked with my dog and we are ready for, and would like to take, the Canine Good Citizen test:  Yes  No.

I am not sure what the Canine Good Citizen Test is but would like more information on it:  Yes  No

Please check the appropriate level of training:

**SHOWMANSHIP**

No Experience	
Beginner	
Intermediate	
Advanced	
Pre-Professional	

**OBEDIENCE**

No Experience / Family Dog	
Beginner / Sub Novice	
Beginner Novice	
Pre Novice	
Novice	
Pre Graduate Novice	
Graduate Novice	
Open	
Utility	

**AGILITY**

No Experience	
On Leash	
Off Leash	
Competitive	

Do you need an orange bandana (see bandana program)?  Yes  No

Participant T-Shirt Size (Circle One):

*Child Size:* S M OR *Adult Size:* S M L XL XXL

NOTE: T-Shirts are not guaranteed. We are still searching for donations/sponsors to help cover the cost.

We may have extra T-Shirts available for sale during the weekend for adults. This will help to defray the cost of the T-Shirts.

NOTE: Please indicate anything else that may be helpful to know about the participant or dog: \_\_\_\_\_

**Please Check all that apply:**

- Entire Weekend - 4-H member (\$65)
- Entire Weekend - Non 4-H member (\$80)
- Saturday Only - 4-H member (\$40)
- Saturday Only - Non 4-H member (\$50)
- Entire Weekend parent/chaperone/guardian (\$40)
- Additional lunches for Saturday \_\_\_\_\_ (\$5 each)

The following Forms **MUST** be sent in with the application to complete the registration process:

\*You can also find these forms on [www.allaboutthedogsweekend.com](http://www.allaboutthedogsweekend.com) or <http://extension.unh.edu/>  
(Click on 4-H/Youth & Family...4-H Animal and Ag Science)

**Youth:**

- 2017 "All About the Dogs" Weekend Youth Application
- Youth Medical Care and Treatment Form
- Youth Code of Conduct Form
- Dog Health Form
- Check - Made Payable to Rolling Bones 4-H Club

Tip: To reduce postage fees, print forms front/back to reduce paper/weight

If you have won a scholarship, please coordinate with extension office to redeem your scholarship. You may either have them give the check to you to submit with your application or have them send the check directly to us. Please note if you are having the check sent directly so we can expect it.

**Adult Chaperones** (Please send in with child's forms):

- 2017 "All About the Dogs" Weekend Adult Application
- Adult Medical Care and Treatment Form
- Adult Code of Conduct Form

**All Dogs** are shown at the risk of the owner or lessor. Any damage to persons or property is the legal and financial responsibility of the child and family who own or lease the animal.

I have read, understand, and agree to the 4-H All About Dogs Weekend information packet:

Parent/Guardian Signature:

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

Child/Participants Signature:

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

**MAKE CHECKS PAYABLE TO: Rolling Bones 4-H Club**  
***SORRY, NO REFUNDS WILL BE MADE***

**Mail all forms (Application, Medical Care, Permission, Code of Conduct) and Payment to:**

***4-H All About Dogs Weekend***  
***c/o Danielle Furness***  
***222 Longview Drive***  
***Henniker, NH 03242***

**Space is limited, so register early! No late applications will be accepted.**

**Registration Deadline: Applications must be in Danielle's possession by June 1<sup>st</sup>, 2017**

# 2017 "All About the Dogs" Weekend Adult Application

(Please Print Clearly)

I am staying (check one):  Entire Weekend  Saturday Only

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City, St, Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ (we will confirm that we received your forms via email only. We may also contact you via e-mail if we have any questions)

Vegetarian?  Yes  No Special dietary needs (please explain): \_\_\_\_\_

Food Allergies: \_\_\_\_\_

List of Children you are Chaperoning:

\_\_\_\_\_  
\_\_\_\_\_

\* In order to place youth(s)/adult(s) in the same dorm, we need to know this at time of application. Dorm space is limited \*

Are you a 4-H Leader?  Yes  No Club: \_\_\_\_\_

Would you like to attend a parent/leader 4-H informational meeting?  Yes  No

Are you interested in attending a leader/volunteer workshop?  Yes  No

What type of workshop would you like to attend to help you as a parent, volunteer, or leader in the 4-H Dog Program? (Use back if necessary) \_\_\_\_\_

\* Parents/guardians are always allowed to watch any workshop over the weekend with their child(ren) \*

(Below questions are optional)

While at the weekend, would you be interested in volunteering?  Yes  No

(Please circle any that you are interested in)

1. Kitchen help: Sat. Breakfast, Sat. Lunch, Sat. Dinner, Sun. Breakfast
2. Help with Saturday CGC Tests (No experience is necessary)
3. Supervising kids in groups
4. Other: \_\_\_\_\_
5. Not sure

Do you have any special skills or talents that you may share to help with the weekend clinic?

\_\_\_\_\_

Fill in any other information that we may need to know:



## NEW HAMPSHIRE 4-H DOG HEALTH FORM

Member's Name \_\_\_\_\_ Phone \_\_\_\_\_ Age (1/1) \_\_\_\_\_

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

Email \_\_\_\_\_

Name of dog \_\_\_\_\_ Color and markings \_\_\_\_\_

Dog's Date of birth \_\_\_\_\_ Breed: \_\_\_\_\_

Registered: \_\_\_ Yes; \_\_\_ No; Sex: \_\_\_ Male; \_\_\_ Female; Spayed or Neutered? \_\_\_ Yes \_\_\_ No; \_\_\_\_\_

### HOME IMMUNIZATION RECORD:

If you give your own immunizations, please write in the serial number from vaccine bottles and the date that you gave the vaccine to your dog.

Distemper (DHPP) \_\_\_\_\_ Lyme: \_\_\_\_\_

Leptospirosis \_\_\_\_\_ Bordetella (Kennel Cough) \_\_\_\_\_

Administered by \_\_\_\_\_  
(Signature) (Date)

### VETERINARIAN IMMUNIZATION RECORD:

You may have your veterinarian fill this part out or you may attach a photocopy of your vaccination record  
*The signatures above and below ALL must be completed prior to exhibition.*

DISEASE	DATE VACCINATED	DUE DATE OF NEXT VACCINATION
RABIES (Required) <input type="checkbox"/> - 1 yr; <input type="checkbox"/> - 3 yr.		
DISTEMPER (DHPP) (Required ESE& All About the Dogs Weekend) <input type="checkbox"/> - 1 yr; <input type="checkbox"/> - 3 yr.		
LYME		
LEPTOSPOROSIS		
BORDETELLA (Kennel Cough)		

*Any sign of a communicable disease will result in the dog being sent home.*

Date	Signature of 4-H member	Veterinarian's Signature
Date	Signature of 4-H Parent/Guardian (verifies the above is complete & accurate)	Address
		City, State, Zip

Visit our website: [extension.unh.edu](http://extension.unh.edu)



### 4-H Activity Youth Permission and Release for participation in a 4-H Activity of UNH Cooperative Extension

Name [ ] will be participating in [ ]

on Date(s) [ ] to [ ] Description of this activity and transportation methods are as follows:

[ ]

We give permission for the above named youth to participate. We understand the responsibilities, hazards, and dangers inherent in participation of this activity, including transportation. We understand the Code of Conduct (see below).

We hold harmless the University of New Hampshire, its trustees, officers, agents, employees, and volunteers from and against all claims, demands, actions, and causes of action for damages which may be sustained by the above named youth or anyone else. This includes personal injury, death or property damage, whether or not the result of negligent acts or omissions on the part of the University of New Hampshire. If the above named youth's participation in the activity causes damage to the property of UNH Cooperative Extension, we agree to pay the University for such loss.

Yes  No I give permission for the use of quotes/photos of my child or myself: in the newspaper, newsletter, UNH Cooperative Extension web sites, or in other ways to publicize 4-H events or activities.

### New Hampshire 4-H Event Youth Code of Conduct

As a participant in a New Hampshire 4-H Event, you have the responsibility of representing the New Hampshire 4-H Program to the public. You are expected to conduct yourself in a manner that will bring honor to you as well as to 4-H. To do that, you will need to:

- 1. Attend all sessions in the planned program and participate fully.
2. Follow hours and room rules established before the event begins. You are responsible for knowing the rules of your event.
3. Dress appropriately for each event.
4. Use language and manners that will bring respect to you and to New Hampshire 4-H. You are responsible for knowing what language and behavior is appropriate.
5. Be in the assigned program area at all times (for example: dorms, motels, etc).
6. Model respect for other persons in public areas.
7. Know that the use of non-prescribed drugs and fireworks are illegal. Their use along with alcohol and tobacco, are prohibited at all 4-H events.
8. Treat program areas, lodging areas and transportation vehicles with respect and care. You will be responsible for any damage, theft, or misconduct in which you participate.
9. Help other persons in your group have a pleasant experience by making every attempt to include all participants in all activities.
10. Live up to your highest expectations for yourself so you can return home proud of who you are and what you have done.

#### Those who find themselves unable to conduct themselves within the guidelines listed above may expect:

- 1. To explain their actions to the adults in charge.
2. To accept the consequences of their actions.
3. To possibly be sent home immediately at their own expense.
4. To possibly be excluded from participation in a future 4-H event or trip.
5. To have the adults in charge notify parents/guardians, Extension personnel and others to see that the actions taken, in case of unacceptable behavior, are appropriate for all concerned.

As the parent or guardian of [ ], I have read the New Hampshire 4-H Events Permission Release/Code of Conduct form. I give permission for the above named youth to participate and will support the adults in charge in the performance of their responsibilities to see that the appropriate behavior is maintained. Parent Initials [ ]

I have read the New Hampshire Code of Conduct and agree to live up to the expectations. I realize my failure to do so could result in a loss of privileges during the event and/or in the future. Youth Initials [ ]

Signature of 4-H Participant

Date

Signature of Parent/Guardian

County Offices

Return forms to your County Extension Office, see county document for deadlines.

University of New Hampshire Cooperative Extension is an equal opportunity educator and employer. University of New Hampshire, U.S. Department of Agriculture and N.H. counties cooperating.

## NEW HAMPSHIRE 4-H ACTIVITY Youth Medical Care and Treatment Form

Name  Birth Date  Age   Male  Female County

Parent/Guardian  Home Phone  Cell

Home Address  Office Phone

Name of Family Doctor  Phone

Name of Family Dentist  Phone

Health Insurance Company  Policy #

**Tetanus Immunization:**  
**Date of Last Booster**

**If you or the doctor cannot be contacted, in emergency notify:**

Name

Home Phone  Cell

**Medication Procedures**

1. All prescription drugs **MUST** be carried in the container in which they were issued (with medical orders and physician's name intact). Others will not be accepted.
2. Only the exact amount of medication for the length of the event should be brought to 4-H programs and should be kept in the possession of a responsible adult during the 4-H event.

**CHECK BELOW IF PARTICIPANT IS SUBJECT TO ANY OF THE FOLLOWING CONDITIONS:**

- |                                                      |                                      |                                             |                                              |                                           |
|------------------------------------------------------|--------------------------------------|---------------------------------------------|----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> arthritis                   | <input type="checkbox"/> bronchitis  | <input type="checkbox"/> ear infection      | <input type="checkbox"/> heart trouble       | <input type="checkbox"/> kidney disease   |
| <input type="checkbox"/> asthma/respiratory problems | <input type="checkbox"/> convulsions | <input type="checkbox"/> frequent headaches | <input type="checkbox"/> home sickness       | <input type="checkbox"/> seizures         |
| <input type="checkbox"/> bladder disease             | <input type="checkbox"/> diabetes    | <input type="checkbox"/> fainting           | <input type="checkbox"/> intestinal problems | <input type="checkbox"/> sleepwalking     |
| allergies (please list) <input type="text"/>         |                                      |                                             |                                              | <input type="checkbox"/> stomach problems |

other (please specify)

**PRESCRIBED TREATMENT** - List any medications that you take, and what they are for. Include prescription and non-prescription (such as pain relievers, aspirin, Tylenol, asthma inhaler, etc.) PLEASE INCLUDE DOSAGES AND ANY SPECIAL INSTRUCTIONS:

My child can hold on to and administer his/her own medication.  Yes  No

\_\_\_\_\_ signature of parent/guardian

A staff member/chaperone may administer Benedryl, Tylenol or Motrin (acetaminophen or ibuprofen)  Yes  No

LIST APPROXIMATE DATE IF PARTICIPANT HAS HAD OR BEEN EXPOSED TO OR SUFFERING FROM A RECENT ILLNESS OR INJURY; Operations or Serious Injuries requiring medical treatment (specify on another piece of paper if you need to.)

My child is physically able to participate in this program including handling their project animals, if animals are involved; and in the case of the 4-H horse project, participating in mounted activities. I understand that the 4-H members will be supervised, and that if a serious illness or injury develops, medical and/or hospital care will be given; however, the sponsor is not responsible in case of accident or illness. I further understand that in case of medical emergency we will be notified. In the event that I cannot be reached, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for my child as named on this Medical Care and Treatment Form and do certify that the information set forth on this form is true and correct to the best of my knowledge. I will assume all financial obligation incurred if not covered by insurance.

Parent/Guardian Signature \_\_\_\_\_ Date

Event  Event Date(s)  to

## 4-H Activity Adult Permission and Release Form for participation in a 4-H Activity of UNH Cooperative Extension

Name  will be participating in

on Date(s)  to  Description of this activity and transportation methods are as follows:

I understand the responsibilities, hazards, and dangers inherent in participation of this activity, including transportation. I understand the Code of Conduct (see below). I hold harmless the University of New Hampshire, its trustees, officers, agents, employees, and volunteers from and against all claims, demands, actions, and causes of action for damages which may be sustained by the above chaperone/participant or anyone else. This includes personal injury, death or property damage, whether or not the result of negligent acts or omissions on the part of the University of New Hampshire. If the above named youth's participation in the activity causes damage to the property of UNH Cooperative Extension, we agree to pay the University for such loss.

Yes  No I give permission for the use of quotes/photos of my child or myself: in the newspaper, newsletter, UNH Cooperative Extension web sites, or in other ways to publicize 4-H events or activities.

### New Hampshire 4-H Event Adult Code of Conduct

As a chaperone/participant in a New Hampshire 4-H Event, you have the responsibility of representing the New Hampshire 4-H Program to the public. You have the responsibility to be a positive role model for youth and partner with other adults to ensure youth participate in a positive manner according to the Code of Conduct.

To do that, you will need to:

1. See that you and your delegates adhere to the schedule of events as developed by others, yourself and/or UNH Cooperative Extension.
2. Follow and have your delegates follow the established rules for the event including curfew, quiet hours.
3. Dress in a manner reflecting your leadership role with UNH Cooperative Extension.
4. Act as a model for your activity participants including using appropriate language.
5. Be in the assigned program area at all times (for example: dorms, motels, etc.)
6. You will need to refrain from the use of illegal drugs, alcohol, tobacco and fireworks. Use of these substances is prohibited at 4-H events.
7. Model respect for your NH 4-H participants, other persons and activities officials.
8. Instruct your participants to treat program areas, lodging areas and transportation vehicles with respect and care. They/you will be responsible for any damage, theft, or misconduct in which they/you participate.
9. Help all persons in your group have a pleasant experience by making every attempt to include all participants in all activities.
10. You are responsible for the NH youth participants to whom you have been assigned. You should know where they are and what they are doing at all times and know that they are supervised by an adult.

**Those who find themselves unable to conduct themselves within the guidelines listed above may expect:**

1. To work closely with Extension personnel and others to see that the actions taken, in case of unacceptable behavior, are appropriate for all concerned.

I have read the New Hampshire 4-H Permission and Release/Code of Conduct form and I agree to live up to the expectations. I realize my failure to do so could result in the loss of opportunities during the event and in the future.

**Signature of 4-H Chaperone/Participant** \_\_\_\_\_

Date

Return forms to your County Extension Office, see county document for deadlines.

County Offices

University of New Hampshire Cooperative Extension is an equal opportunity educator and employer. University of New Hampshire, U.S. Department of Agriculture and N.H. counties cooperating.



## NEW HAMPSHIRE 4-H ACTIVITY Adult Medical Care and Treatment Form

Birth Date  Age   Male  Female County

Name  Home Phone  Cell

Home Address  Office Phone

Name of Family Doctor  Phone

Name of Family Dentist  Phone

Health Insurance Company  Policy #

**Tetanus Immunization:**   
**Date of Last Booster**

**If you or the doctor cannot be contacted, in emergency notify:**

Name   
Home Phone  Cell

**CHECK BELOW IF PARTICIPANT IS SUBJECT TO ANY OF THE FOLLOWING CONDITIONS:**

- |                                                      |                                      |                                             |                                              |                                           |
|------------------------------------------------------|--------------------------------------|---------------------------------------------|----------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> arthritis                   | <input type="checkbox"/> bronchitis  | <input type="checkbox"/> ear infection      | <input type="checkbox"/> heart trouble       | <input type="checkbox"/> kidney disease   |
| <input type="checkbox"/> asthma/respiratory problems | <input type="checkbox"/> convulsions | <input type="checkbox"/> frequent headaches | <input type="checkbox"/> home sickness       | <input type="checkbox"/> seizures         |
| <input type="checkbox"/> bladder disease             | <input type="checkbox"/> diabetes    | <input type="checkbox"/> fainting           | <input type="checkbox"/> intestinal problems | <input type="checkbox"/> sleepwalking     |
| allergies (please list) <input type="text"/>         |                                      |                                             |                                              | <input type="checkbox"/> stomach problems |

other (please specify)

**PRESCRIBED TREATMENT - List any medications that you take, and what they are for. Include prescription and non-prescription (such as pain relievers, aspirin, Tylenol, asthma inhaler, etc.) PLEASE INCLUDE DOSAGES AND ANY SPECIAL INSTRUCTIONS:**

**LIST APPROXIMATE DATE IF PARTICIPANT HAS HAD OR BEEN EXPOSED TO OR SUFFERING FROM A RECENT ILLNESS OR INJURY; Operations or Serious Injuries requiring medical treatment (specify on another piece of paper if you need to.)**

I understand if a serious illness or injury develops, medical and/or hospital care will be given; however, the sponsor is not responsible in case of accident or illness. I further understand that in case of medical emergency my physician will be notified. In the event that my physician cannot be reached, I hereby give permission to the attending physician to hospitalize, secure proper treatment for, and order injection, anesthesia, or surgery for myself as named on this Medical Care and Treatment Form and do certify that the information set forth on this form is true and correct to the best of my knowledge. I will assume all financial obligation incurred if not covered by insurance

Adult Participant/Volunteer Signature \_\_\_\_\_ Date

Event  Event Date(s)  to