

Objectives

The primary objective of the Maryland 4-H Horse Performance Levels is to provide a framework for 4-H participants to improve their knowledge of the care and management of horses and to improve horsemanship skills.

General

- 1) Performance Level 5 testing will be held on **Saturday, November 23, 2002** at the Frederick County Fairgrounds. Directions to the testing location are below.
- 2) All candidates should be properly dressed and have their horses tacked up and ready to begin testing by **9 a.m.** Testing is scheduled to be completed by 4 p.m.
- 2) Candidates for the Level 5 Testing must be pre-registered on the Official Registration Form by their County 4-H Extension Educator by **Friday, November 15, 2002**. A completed Maryland Cooperative Extension Health Form and a copy of the horse's Negative Coggins must be submitted with each candidate's registration materials.
- 3) Performance Level 5 Candidates must be bonafide 4-H club members carrying a 4-H Project and they must have successfully completed Horse Performance Level 4 no less than 2 weeks prior to the Performance Level 5 Testing date (i.e. by November 9, 2002).

Performance Level 5 Testing Procedures

- 1) Testing will consist of mounted and unmounted activities following the guidelines set forth for Performance Level 5 in the Maryland 4-H Horse and Pony Performance Levels booklet (4-H 292), which can be obtained at no cost at your County Extension Office. It is strongly recommended that all candidates complete the checklist for Performance Level 5 located in the 4-H 292 publication within their County prior to attending the Performance Level 5 Testing.
- 2) Candidates will be tested on their knowledge and skills in the following areas: horse handling, grooming, tack, stable management, conformation and judging, conditioning, disease and soundness, riding and riding courtesy. A list of resources that may be used to prepare candidates for testing is below.
- 3) Candidates must pass 80% of the testing material. The riding component of each level will be graded on a pass/fail basis with emphasis on the rider's ability, not the horse's ability.
- 4) Candidates may be asked to demonstrate certain tasks (i.e. lunging horse, applying a shipping bandage, etc.) and thus must be prepared to bring such equipment. Candidates failing to bring necessary equipment referenced for Performance Level 5 in the Maryland 4-H Horse and Pony Performance Levels booklet will fail that portion of the test and may not successfully complete Performance Level 5.
- 5) All candidates are expected to perform USA Equestrian Training Level Test 4 during the riding portion of the exam. The test is copyrighted material and must be purchased directly from USA Equestrian. To obtain a copy of the test, you may place an order using their test order sheet (<http://www.equestrian.org/download/forms/admin/usa-dressage.pdf>) or call USA Equestrian at (859) 258-2472.
- 6) Individuals that completed USA Equestrian Training Level Test 4 at the 2002 Maryland 4-H State Dressage Show and Combined Test scoring a 60.0 % or higher are exempt from riding the pattern on the testing day. A copy of the score sheet from the 2002 Maryland 4-H State Dressage Show and Combined Test must be included in the registration materials submitted.
- 7) The Examiner's decision to pass or fail a candidate is final.

Maryland 4-H Youth Development Program

Maryland 4-H Center, 8020 Greenmead Drive, College Park, MD 20740

Phone: (301) 403-4248 Fax: (301) 422-7914 Website: <http://www.maryland4h.org>

It is the policy of the Maryland Cooperative Extension that no person shall be subjected to discrimination on the grounds of race, color, sex, religion, disability, age or national origin.



Tentative Schedule

9:00 am	Safety and Tack Check
9:30 am	Lungeing
10:15 am	Riding
12:30 pm	Lunch break. Candidates should bring their own lunches
1:30 pm	Written and Station Exams and other unmounted activities
4:00 pm	Evaluations and Adjourn

Resources

Horse and Horsemanship - National 4-H Council

Horse Science - National 4-H Council

The Normal Animal- Veterinary Science Unit 1

Animal Diseases - Veterinary Science Unit 2

Horsing Around – 4-HCCS Horse, Ph: (800) 876-8636

Galloping Ahead – 4-HCCS Horse 2, Ph: (800) 876-8636

Blazing Trails – 4-HCCS Horse 3, Ph: (800) 876-8636

Glossary features from monthly issues of EQUUS magazine, October 00 – September 01.

The Horse, 2nd edition, by Evans, Borton, Hintz, Van Vleck. Ph: (415) 391-5870

Feeding And Care Of The Horse, 2nd edition , by Lon D. Lewis. Ph: (800) 638-0672

Coloring Atlas of Horse Anatomy, by Robert Rainer and Thomas O. McCracken. Ph: (800) 777-7257

Horse Industry Handbook, The American Youth Horse Council. Ph: (800) 879-2942

Youth Leaders Manual, The American Youth Horse Council. Ph: (800) 879-2942

Directions to Frederick County Fairgrounds

From Baltimore: Take I-70 West to East Patrick Street, exit 56. Follow directly to the fairgrounds on right just past Monroe avenue.

From Washington: Take I-270 North to South Market Street exit #31-A. Follow into Frederick, at the bottom of hill at stop light, turn right onto East South Street, travel straight to Franklin Street. Turn left, at top of hill is fairgrounds.

From Hagerstown: Take I-70 East to East South Street, exit #55. At end of exit ramp turn right; go to three way stop, turn right onto Franklin Street, top of hill is fairgrounds.

FOR MORE INFORMATION CONTACT:

Dr. Amy Ordakowski, Horse Extension Specialist

University of Maryland

1121 Animal Science Center

College Park, MD 20742

Phone: (301) 405-8337

E-mail: ao38@umail.umd.edu

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Maryland 4-H Horse Performance Level 5 Testing
Registration Form
Saturday, November 23, 2002
Frederick County Fairgrounds

Rider's Name _____ Date of Birth _____

Street _____ County _____

State _____ Zip _____ Phone _____

Maryland 4-H Horse Program Level (circle one) Junior Intermediate Senior

Performance Level	Date Completed	MCE 4-H Educator Signature and Date
Level 1		
Level 2		
Level 3		
Level 4		

Did the candidate successfully score a 60 % or higher on USA Equestrian Training Level Test 4 at the 2002 Maryland 4-H State Dressage Show and Combined Test? Yes No
 (If yes, please include a copy of the score sheet with the registration materials)

Make sure to include the following:

- A copy of the horse's Negative Coggins test
- A copy of the USA Equestrian Training Level Test 4 from the 2002 Maryland 4-H State Dressage Show and Combined Test (not required if candidate did not attend or if they did not score 60.0 % or higher on the test)
- A completed Maryland Cooperative Extension Health Form
- A completed Maryland Cooperative Extension Parental Release Form

Mail Registration Forms by Friday, November 15, 2002 to:

Dr. Amy Ordakowski
 University of Maryland
 1121 Animal Science Center
 College Park, MD 20742

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**UNIVERSITY OF MARYLAND/MARYLAND COOPERATIVE EXTENSION
PARENTAL RELEASE AND INFORMED CONSENT FORM**

PROGRAM: Maryland 4-H Horse Performance Level 5 Testing

DATE: Saturday, November 23, 2002

My minor child/children, as listed below, have my permission to fully participate in all activities associated with the above 4-H program (**Performance Level 5 Testing**) sponsored by Maryland Cooperative Extension ("MCE").

In connection with and consideration of my child's/children's participation in the Program, I, on behalf of my child/children and myself, my heirs, personal representative(s) and assigns, hereby represent and agree as follows:

1. I am aware that any horse related activity can be dangerous, and I fully recognize and understand that there are risks and hazards, both minor and serious, associated with participation in the Program and related activities, including, but not limited to: cuts, scrapes, bruises, broken bones, muscle strains, pulls or tears, head, neck, back, eye and other bodily injuries, heat prostration, brain damage, blindness, deafness, drowning, heart attacks, paralysis and, even, death.
2. I understand that my child/children are not in any way required to participate in the Program, but I want them to participate, despite the possible dangers and despite this Release.
3. I represent and warrant that my child/children have no physical, health related or other problems which would preclude or restrict their participation in the Program or otherwise render their participation dangerous or harmful to them or others. I further represent and warrant that my child/children have adequate medical, health and/or other insurance for participation.
4. Knowing the dangers, hazards and risks associated with the Program, and with sufficient knowledge of my child's/children's physical condition(s) and limitations, if any, I voluntarily assume all responsibility and risk of loss, damage, illness and/or injury to person or property which my child/children may, in any way, sustain in connection with participation in the Program and related activities.
5. I agree that my child/children must abide by all rules and regulations applicable to participation in the Program. Should my child/children require emergency medical treatment or first aid as a result illness or injury associated with the Program or related activities, I consent to such first aid and/or treatment.
6. To the fullest extent permitted by law, I hereby release and forever discharge, and agree not to sue and to indemnify and hold harmless, the State of Maryland, the University of Maryland, Maryland Cooperative Extension and their governing boards, officers, agents, employees and volunteers from and against any and all liabilities, claims, demands and causes of action of any kind on account of any loss, damage, illness or injury to person or property in any way arising out of or relating to my child's/children's participation in the Program and/or related activities, whether due to the negligence, mistake or other action or inaction of MCE or any other person or entity.

I CERTIFY THAT I AM 18 YEARS OF AGE OR OLDER AND THAT I HAVE READ AND FULLY UNDERSTAND THIS RELEASE AND INFORMED CONSENT FORM, AND I SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Signature of Parent/Guardian Having Care and Custody of
Participating Child/Children

Date

Name of Parent/Guardian: _____

Emergency Telephone Number: _____

Participating Child/Children:

Name: _____ Signature: _____ Age: _____

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