

SOUTH CAROLINA EQUESTRIAN



2013 COLLEGE PREPARATORY CAMP APPLICATION

Our camps are open to any and all entrants limited only by numbers, age, grade level, and/or gender. In the essence of safety for campers, counselors and horses, it is strongly recommended that prospective campers be able to safely jump a height of 2'6" if participating in the Hunt Seat camp.

CAMPER INFORMATION (PLEASE PRINT OR TYPE)

NAME:	AGE:
ADDRESS:	GRADE:
CITY:	PHONE NUMBER:
STATE:	ZIP:
MOTHER'S NAME:	FATHER'S NAME:
EMAIL:	TRAINER'S NAME:
BARN NAME:	PHONE NUMBER:

ALL CORRESPONDENCE CONCERNING CAMP WILL BE SENT VIA EMAIL ADDRESS PROVIDED.

T-SHIRT SIZE (PROVIDED): ADULT: ___SMALL ___MEDIUM

RIDING INFORMATION:

PLEASE CHECK YOUR RIDING DISCIPLINE FOR CLINIC:

___ HUNT SEAT: ___2'6" ___3' ___3'6"
___ WESTERN: ___ HORSEMANSHIP ___ REINING

BRIEFLY DESCRIBE SHOW EXPERIENCE. PLEASE INCLUDE DISCIPLINE, SHOW RATING (WESTERN-OPEN, BREED, HUNTER/JUMPER - LOCAL, SCHOOLING, A-CIRCUIT), AND THE NUMBER OF PRACTICE OR LESSON HOURS PER WEEK. PLEASE BE SPECIFIC:

CAMP INFORMATION:

TIME: SATURDAY, December 7, 2013; 8 AM EST - 5 PM EST
 SUNDAY, December 8, 2013; 8 AM EST - 5 PM EST

Fees

Daily Camp Fee: \$200.00

Daily Horse Rental: \$75.00 (**We have a limited number of horse rentals. These will be taken on a first come first serve basis. Participants with their own horses will be considered first.)

___ One Day ___ Two Days

Stabling

Day Stall: \$30.00 Overnight Stabling: \$50.00 (limited basis) x ___ (# of nights) = \$_____

Trailer Parking (if not using a stall): \$20.00

Horse Gender: ___ Mare ___ Gelding

COLLEGE PREP CLINIC

HUNT SEAT: December 7-8, 2013

WESTERN: December 7-8, 2013

YOU WILL RECEIVE AN EMAIL CONFIRMATION ONCE YOUR REGISTRATION IS CONFIRMED.

RUTH SORREL, CAMP COORDINATOR

SORREL@SC.EDU

<p>AFTER CONFIRMATION OF AVAILABILITY, PLEASE RETURN COMPLETED FORM WITH \$200 NON-REFUNDABLE DEPOSIT. BALANCE OF FEE IS DUE AT REGISTRATION ON SATURDAY.</p> <p>PLEASE MAIL TO:</p> <p style="text-align: center;">RUTH SORREL 1304 HEYWARD DRIVE COLUMBIA, SC 29208</p>	<p><u>FOR OFFICE USE ONLY:</u></p> <p>DEPOSIT:</p> <p>AMOUNT DUE:</p> <p>CHECK #:</p> <p>PLEASE MAKE CHECKS PAYABLE TO: CAROLINA EQUESTRIAN CAMP</p>
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REFUND POLICY:

A FULL REFUND MINUS THE \$200 DEPOSIT WILL BE SENT ONLY TO THOSE REQUESTING SUCH REFUND IN WRITING AT LEAST ONE WEEK PRIOR TO CAMP. DURING CAMP, A PRO-RATED REFUND MAY BE GIVEN IF THE STUDENT HAS TO LEAVE EARLY DUE TO INJURY OR ILLNESS.

GO GAMECOCKS!



In Case of Emergency:

Father Work or Cell Phone: _____

Mother Work or Cell: _____

Other Emergency Contact: Name _____ **Phone Number** _____

Your Insurance company _____

Policy # _____

I/We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the Camp to seek during the period of Camp the appropriate medical attention for the camper and for the medical attention to be given and the camper to receive medical attention in the event of accident, injury, to illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's excess medical coverage policy.

I/We, the undersigned, for ourselves and as the guardian(s) of _____ (Camper's Name) understand that equestrian is an inherently dangerous sport, and that injuries can take place while dealing with horses. I/We also understand there will be a number of children attending camp, there will be a limited number of coaches and/or counselors, and that our child cannot receive individualized attention and supervision all of the time. I/We understand that, as with any sport, injuries can occur, and we hereby acknowledge that our child is physically fit and mentally capable of participating in equestrian camp activities.

I/We, represent that I/We have sought the opinion of our child's pediatrician, _____ (name of Camper's Physician) and he/she concurs that, _____ (Camper's Name) is fully capable of safely engaging in these activities.

I/We also understand that it is my/our responsibility in caring for the camper listed above, to be assured that he/she is fully capable of engaging in this sport's activity, and I/we are confident that he/she is able to engage in such sport.

I/We, the undersigned for ourselves, our heirs, executors and administrators, waive, release and forever discharge the Carolina Equestrian Camp, One Wood Farm, Inc. and its staff, officers, agents, employees, representatives, successors and assign of and from all rights and claims for damages, injury, or loss to person or property which may be sustained or occur during participation in Camp activities or while at Camp, whether or not damages, injury, or loss is due to negligence.

WARNING

Under South Carolina law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in an equine activity resulting from an inherent risk of equine activity, pursuant to Article 7, Chapter 9 of Title 47, Code of Laws of South Carolina, 1976.

Signature of Parent or Guardian _____ **Date** _____

Address _____

City/State/Zip Code _____ **Phone** _____

Please fill out both forms and return them with your deposit to reserve your space at camp.