

# 2024 CAROLINA EQUESTRIAN CAMP

## Registration Form



Carolina College Prep Winter Camp Dates

November 23-24, 2024

December 7-8, 2024

Check the Camp you would like to attend:

- Camp 1—November 23/24, 2024 - Jumping Seat Reining Horsemanship  
 Camp 2—December 7/8, 2024 - Jumping Seat Reining Horsemanship

**CHECK THE DISCIPLINE YOU WILL BE RIDING (PLEASE CHOOSE ONLY ONE):**

HORSEMANSHIP       REINING       JUMPING SEAT

NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_ AGE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

Participant CELL #: \_\_\_\_\_

HIGH SCHOOL: \_\_\_\_\_

Current Grade: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_

**Parent/Guardian Information:**

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

Parent/Guardian Email: \_\_\_\_\_ \*This email will be used for confirmation of camp registration and all other information pertaining to camp.

**Trainer Information:**

Trainer Name: \_\_\_\_\_

Trainer Phone Number: \_\_\_\_\_

**Horse Information:**

We have a limited number of horses available. You may bring your own for a reduced fee. Camp is limited to 30 riders per camp.

Paid applications will reserve your spot for camp.

**Show Experience Description:**

\*Please include in this description your number of years riding, goals for camp, and, if you are participating in the jumping seat clinic, please include what height you are comfortable jumping an unfamiliar horse in this description

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T-Shirt Size: \_\_\_\_\_

**Payment Information:**

Cost of Carolina Equestrian Camp: \$900 with our horses. \$750 if using personal horse. RIDER WILL BE NOTIFIED OF ACCEPTANCE UPON RECEIPT OF APPLICATION AND PAYMENT. PAYMENT IS DUE IN TOTAL WITH APPLICATION.

NOTE: Due to demand, a refund less \$200 will be provided up to two weeks before camp.

Make checks\* payable to CAROLINA EQUESTRIAN CAMP and mail application and all other forms (located on our camp page at [Gamecocksonline.com/camps](http://Gamecocksonline.com/camps)) to:

MS.BOO MAJOR  
Carolina Equestrian Camp Coordinator  
1037 Rolling Hills Rd  
Ridgeway, SC 29130

\*ONLY CHECKS, CASH OR MONEY ORDERS WILL BE ACCEPTED

**Meals:**

Carolina Equestrian Camp will be providing lunch both days for each participant.

We look forward to having you join us at camp! If you need additional information, please email us at \_\_\_\_\_

[FSMAJOR@SC.EDU](mailto:FSMAJOR@SC.EDU)

# Carolina Equestrian Camp Information:

**Address:** OneWood Farm; 1201 Syrup Mill Rd; Blythewood, SC 29016

## **Camp Hours:**

Friday (Optional): 5:30 PM Early check in and orientation

Day 1: 7:00 AM Late Check in and Orientation

8:00 AM – 2:00 PM Mounted instruction

2:30 – 3:30 PM Coaches Panel/Discussion (Optional)

Day 2 8:00am-3:00pm

Anyone flying in should book a Sunday flight after 5:30pm to return home.

## **Airports:**

CLT (Charlotte) is 1 hour 15 minutes from Facility (and mentioned hotels) and is a major hub.

CAE (Columbia) is 45 minutes from the facility.

## **Hotels 2 miles from facility:**

Exit 27

Home 2 Suites — 92 Creech Rd; Blythewood, SC

Holiday Inn Express— 120 Creech Rd; Blythewood, SC

Comfort Inn— 436 McNulty St; Blythewood, SC

## **Fast Food and Restaurants at Exit 27:**

Fast Food: McDonalds, Hardees, KFC, Zaxbys, Taco Bell, Subway, Waffle House

Sit down or take out: Chubby's, San Jose, Carolina Wings and Pub, Doko Station, Olde Town Hall,

Doko Smoke BBQ (lunch on Saturday only)

## **Equipment:**

Campers are welcome to bring their own saddle and will be given a space to store as well as a locker.

Gamecock Equestrian also owns saddles for use during camp if needed. Spurs are optional.

## **Skill Level:**

Jumping seat riders should be able to jump at 2'6" course safely on a strange horse and have show experience.

Western riders should have some show experience and be able to ride patterns on an unfamiliar horse.

\*Note we do not have lower-level horses and due to the safety of riders and horses we require this skill level.

**Cancellation policy:** Refund less \$200 up to two weeks before camp date and if slot can be filled from waiting list. In the event you cannot attend we will contact our waiting list and try to fill your slot. **If we cannot fill your slot due to a last-minute (within two weeks) cancellation there is no refund.** Our camps are very popular and limited in size. Emergencies will be handled on a case-by-case basis by our head coach.

Contact information for Camp details:

Email us at fsmajor@sc.edu

**Camp coordinator**— Boo Major 803-331-5237 **(Please use camp email first unless an emergency)**

**Head Coach**—Carol Gwin 214-924-3332



Participant's Full Name*	Date of Birth*
Home Address*	
Phone Number*	Grade*
Camp Name*	Camp Dates*

In consideration of my Child, the Participant, being permitted to participate in the above Camp/Clinic, **I, and on behalf of my Child, agree and understand that:**

- My Child will abide by all the rules, guidelines, regulations and code of conduct of USC and/or host/site location requirements;
- My Child may be asked to leave the Camp/Clinic if I or my Child do not abide by the rules, regulations and code of conduct of USC and/or the host site location requirements;
- The instructor has sole authority to make decisions regarding my Child's continued participation if my Child's conduct or the circumstances warrant removal, dismissal, discipline or other action including the forfeiture of funds, deposits or fees without notice to me;
- My Child's participation in this Camp/Clinic is voluntary;
- I recognize that my Child's participation in the Camp/Clinic carries with it risks, including, but not limited to, injuries, illness, property losses, criminal acts and other damages, that cannot be eliminated regardless of the care taken;
- I have investigated the risks involved in this Camp/Clinic and I freely assume the risks and consent to my Child's participation;
- I further declare that my Child is fit and capable of participating in the Camp/Clinic
- I understand that by choosing my child to attend a camp/clinic at this time, they will have daily contact with student-athletes, coaches, and other Camp personnel and may be exposed to certain dangers and risks, including but not limited to all risks associated with contracting COVID-19. I understand that COVID-19 can be a serious illness requiring medical treatment, and may result in long-term or permanent injury, or death. I understand the currently known risks associated with contracting COVID-19 and understand that the Camp/Clinic cannot and does not guarantee that my child will not be exposed to COVID-19 during the camp. I therefore assume all dangers and risks inherent in the camp, including but not limited to exposure to COVID-19.

**PHOTO RELEASE**

**I give USC, its agents, employees, servants, assigns, and successors, without expectation of value, permission to:**

1. Record my Child's likeness and appearance on video tape, audio tape, film, photograph or any other medium;
2. Use my Child's name, likeness, voice and biographical material in connection with these recordings; and
3. Exhibit, copy or distribute such recording in whole or in part without restrictions or limitation for any educational or promotional purpose or advertisement campaigns which the University of South Carolina, and those acting pursuant to its authority, deem appropriate.

**PARENT PERMISSION FOR PARTICIPANT VEHICLE USE**

**My Child has permission to use his/her personal vehicle for the following travel purposes during the Camp/Clinic at the University of South Carolina and/or host site facility. The University does not provide automobile liability and/or comprehensive and collision coverage for personal vehicles. Your child will be permitted to use his/her vehicle for ONLY those purposes that you check below:**

- Drive to and from camp
- Transport another participant in my Child's vehicle: (See below)
  - Please list the other participant(s) riding with your child: \_\_\_\_\_



I, furthermore agree that my Child may only be released to the following individual(s) during the USC Camp/Clinic. Parents/Guardians: Please include your names as well as any others authorized to whom to release your child. Please do not ask us to rely on a verbal permission. If your child is riding with another participant, please indicate the driver's name below.

Name*	Relationship*
Name	Relationship

My Child **MAY NOT** be released to the following individual(s)

Name	Other Information
Name	Other Information

Please attach court or legal documents as appropriate.

**\*WAIVER AND RELEASE OF LIABILITY\***

Further, in consideration for my Child being permitted to participate in the Camp/Clinic, I, as the natural parent and/or as the legally authorized guardian, do hereby for myself, my family, heirs, personal representatives and assigns, agree not to sue, and I release, waive, discharge, hold harmless and indemnify, and forever defend the Camp/Clinic, State of South Carolina, the University of South Carolina, its members of the Board of Trustees, individually and collectively, its officers, employees, servants, agents and directors, Boo Major LLC from any and all liability, losses, claims, actions, suits, procedures, demands, rights, and causes of action of whatever nature, in law and equity, for any and all known or unknown, foreseen or unforeseen, bodily or personal injuries, death and permanent injury, illnesses, damage to property, or other losses, including those risks associated with contracting COVID-19, and consequences thereof, including expenses, costs, and attorney's fees, as may be sustained by my Child or me arising out of or in any way associated with my Child's participation in the Camp/Clinic.

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.

I warrant I am the parent and or authorized legal guardian of the Participant and I warrant I am 18 years of age or older. I have carefully reviewed and I agree to the terms of this entire document.

Participant Signature*	Date*
Parent/Guardian Signature*	Date*
Witness Signature*	Witness Signature

**Emergency Contact(s)**

Name*	Relationship*
Primary Phone Number*	Secondary Phone Number