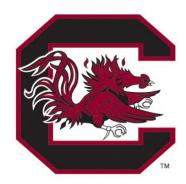
2025 CAROLINA EQUESTRIAN CAMP Registration Form



Carolina College Prep Spring Camp Dates April 26-27, 2025 May 3-4, 2025

Check the Camp you would like to attend:

	_ Camp 1—April 26-27, 20	25 - Jumping S	eat Reining Horsemanshi	р	
Camp 2—May 3-4, 2025 - Jumping Seat Reining Horsemanship					
CHECK	THE DISCIPLINE YOU WIL	L BE RIDING (1	PLEASE CHOOSE ONLY (<u>ONE)</u> :	
	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: confirmation of camp	registration and all oth	er information	*This email wi on pertaining to camp	ll be used for	

2025 CAROLINA EQUESTRIAN CAMP Jumping Seat

Registration Form

Additional Carolina College Prep Spring Camp May 7-8, 2025 | Jumping Seat Only

n NAME:			
GRADE:			
CITY:	STATE:	ZIP:	
Participant CELL #:			
HIGH SCHOOL:			
Current Grade:	DOB:	Height:	
Parent/Guardian Information:			
Parent/Guardian Name:		Parent/Guardian Cell:	
Parent/Guardian Email*:			
		registration and all other information	

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 12 riders. Paid applications will reserve your spot for camp. Show Experience Description:
*Please include in this description your number of years riding and goals for camp. For the jumping seat clinic, please include what height you are comfortable jumping an unfamiliar horse and show experience.
T-Shirt Size:
Payment Information:
Cost of Carolina Equestrian Camp: \$950 with our horses. \$800 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) 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
CAROLINA EQUESTRIAN CAMPS ARE OPEN TO ANY AND ALL ENTRANTS (LIMITED ONLY BY NUMBER, AGE, GRADE LEVEL AND/OR GENDER)

Carolina Equestrian Camp Information:

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

Camp Hours: (tentative and subject to change)

Day 1: 7:00 AM Check in and Orientation

8:15 AM – 12:45 PM Mounted instruction (1 hour 15 minute instruction)

1:15 – 2:15 PM Coaches Panel/Discussion with lunch

2:30 – 5:30 PM Mounted Instruction (1 hour instruction)

Day 2: 7:00 - 7:45 AM Campus Tour

8:30am-3:00pm Scrimmage with video review

Anyone flying in should book a Sunday flight after 6:00 pm 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 and 15 minutes from Columbia.

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.

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

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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:

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Skill Level:

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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 torely on a verbal permission. If you child is riding with another participant, please indicate the driver's name below.*

Name*			Relationshin*	
Name*			Relationship*	
Name			Relationship	
My Child MAY NOT be released	to the following indivi	dual(s)		
Name	Other Information			
Name Other Information		n		
Please attach court or legal document	ts as appropriate.			
	WAIVER AND R	RELEASE OF I	IARILITY	
	VAIVERAND	CLELASE OF I		
to sue, and I release, waive, disch Carolina, the University of South employees, servants, agents and d demands, rights, and causes of acor unforeseen, bodily or personal including those risks associated attorney's fees, as may be sust participation in the Camp/Clinic. Under South Carolina law, an equipment and a participant in an equipment activity 47, Code of Laws of South Carol I warrant I am the parent and or a have carefully reviewed and I agr	Carolina, its members irectors, Boo MajorLLC tion of whatever natural injuries, death and pwith contracting COVI ained by my Child or quine activity sponsor resulting from an inher lina, 1976.	of the Board of a from any and a se, in law and equermanent injur D-19, and consumer me arising of the profesent risk of equi	Trustees, individual liability, losses, uity, for any and y, illnesses, dam equences thereof, at of or in any vassional is not liable activity, pursupant and I warran	pally and collectively, its officers claims, actions, suits, procedure all known or unknown, foresee age to property, or other losse, including expenses, costs, arway associated with my Child ole for an injury to or the death ant to Article 7, Chapter 9 of Tit nt I am 18 years of age or older.
Participant Signature*				Date*
Parent/Guardian Signature*				Date*
Witness Signature* Witness Signature				
Emergency Contact(s)		1		
Name*		Relationship*		
Primary Phone Number*			Secondary Phone N	Jumber