CAROLINA EQUESTRIAN CAMP

WINTER 2026
REGISTRATION FORM

Check the box of the camp you are applying for:

☐ Dec. 2-3, 2026 Jumping Seat Only

☐ Dec. 5-6, 2026 Jumping Seat Western

☐ Dec. 12-13, 2026 Jumping Seat Western

Check the box of your riding discipline:

☐ Jumping Seat

☐ Horsemanship

☐ Reining

Payment Information

Cost of the Carolina Equestrian Camp: **$**1000.00

Riders will be notified of their acceptance to camp upon receipt of both (a) completed camp application and (b) payment in full. Please pay total camp cost when submitting your application.

Paying by Check:	**Paying by Credit Card:**
Make checks payable to: Carolina Equestrian Camp And mail payment to: Ms. Boo Major Carolina Equestrian Camp Coordinator 1037 Rolling Hills Road Ridgeway, SC 29130 * The address above is NOT where camp is taking place.	Click this link to pay online with a credit card. Or scan the QR Code below:

Cancellation Policy

Refunds, minus a $300 fee, may be issued if cancellation is submitted at least 30 days before camp date and if your slot can be filled from the 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 (30 days or less) cancellation there is no refund**. Our camps are very popular and limited in size.

Camper's Information

First & Last Name:

Date of Birth: Age: Height:

Grade Level: Name of High School:

T-Shirt Size:

Home Address:

City: State: Zip Code:

Parent / Guardian Information

First & Last Name:

Cell Phone #:

Email Address:

^ The parent/guardian email address will be used for confirmation of camp registration and all other information pertaining to camp.

Horse Trainer Information

First & Last Name:

Phone Number:

Skill Level

• Jumping seat riders should be able to jump at 3' course safely on an unfamiliar horse and have prior show experience.

• Western riders should have some prior 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.

Camper's Riding Experience

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 with an unfamiliar horse. A video of your riding is recommended to send in by email will help us properly mount you.

Meals

Carolina Equestrian Camp will provide lunch both days for each participant and one person who is attending the camp with each participant (example: parent/guardian, sibling, etc.). Additional meals may be purchased prior to the camp by emailing camp coordinator Boo Major at fsmajor@sc.edu to let her know you wish to purchase additional meals.

Equipment

Campers are welcome to bring their own saddle and will be given a space to store as well as a locker. The University of South Carolina equestrian team also owns saddles for use during camp if needed. Spurs are optional.

Camp Contact Information

Camp Coordinator Boo Major: fsmajor@sc.edu • cell: 803-331-5237

- Email is preferred method of communication. Please feel free to email Boo Major if you have any questions.

Head Coach Carol Gwin: cell: 214-924-3332. Coach Gwin is the best contact for any questions or issues you have once camp has started.

Camp Schedule / Itinerary

Address: One Wood Farm • 1201 Syrup Mill Road • Blythewood, SC 29016

This is the address where camp will be held each day. It is also the home facility for the University of South Carolina equestrian team.

Day 1	Day 2
7:00 a.m. Check-in & Orientation **8:15 a.m. – 12:45 p.m.** Mounted Instruction (75-minute instruction) **1:15 p.m. – 2:15 p.m.** Lunch + Coaches Discussion **2:30 – 5:30 p.m.** Mounted Instruction (1-hour instruction)	**7:00 a.m. – 7:45 a.m.** Campus Tour **8:30 a.m. – 3:00 p.m.** Scrimmage & Video Review

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*	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, 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.

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

University of South Carolina – Sports Camps

This form must be completed and signed by the camper's parent or legal guardian. THIS FORM WILL BE RETURNED IF IT IS NOT COMPLETE. PLEASE PRINT CLEARLY!

CAMPER INFORMATION

Camper's Name_____ Social Security# _____
Permanent Address_____ Date of Birth _____
City, State, Zip _____ Home Phone # _____

MEDICAL EMERGENCY CONTACT INFORMATION

PERSON TO CONTACT FIRST: NAME_____ RELATION TO CAMPER_____
DAYTIME PHONE #_____ EVENING PHONE #_____
BACKUP CONTACT: NAME_____ RELATION TO CAMPER_____
DAYTIME PHONE #_____ EVENING PHONE #_____

INSURANCE POLICY INFORMATION

THE ABOVE-NAMED CHILD IS COVERED BY HEALTH INSURANCE: (Circle One) YES - NO
IF YES, PLEASE PROVIDE THE FOLLOWING INFORMATION:
POLICY HOLDER'S (PH) NAME_____ P.H. DATE OF BIRTH_____
ADDRESS_____ RELATION TO CAMPER_____
CITY, STATE, ZIP_____ OCCUPATION_____
PH'S EMPLOYER_____ INSURANCE COMPANY_____
INSURANCE COMPANY'S ADDRESS_____
POLICY #_____ PLAN_____

PERMISSION TO TREAT & MEDICAL RELEASE

Check ONE of the following and sign below:

_____ In the event of illness or injury, I understand that every attempt will be made to contact me before medical action is taken. However, in the event of an emergency, I hereby grant my consent for medical treatments and permission for the attending physician or appropriate medical personnel, to hospitalize, secure proper treatment and/or injections, anesthesia, or surgery. I will be responsible for any medical or other charges connected with my child's attendance at the camp.

_____I DO NOT want any type of medical treatment provided to my child.

_____ _____ _____
Parent/ Guardian Name Parent/ Guardian Signature Date

DIRECTIONS: TO BE COMPLETED BY LEGAL GUARDIAN. PLEASE ANSWER ALL QUESTIONS. INCOMPLETE FORMS WILL BE RETURNED. PLEASE PRINT CLEARLY AND ATTACH ANY SPECIFIC RECOMMENDATION FROM YOUR PHYSICIAN TO THIS FORM.

DOES THE CAMPER HAVE ANY OF THE FOLLOWING? (IF YES, PLEASE DESCRIBE)

DRUG ALLERGIES? NO YES_____ FOOD ALLERGIES? NO YES_____
ALLERGIES TO INSECTS? NO YES_____ SPECIAL DIETARY NEEDS? NO YES_____
ASTHMA? NO YES_____ FREQUENT HEADACHES? NO YES_____
DIZZINESS OR SEIZURES? NO YES_____
LIST: OTHER HEALTH
PROBLEMS_____
IS THE CAMPER CURRENTLY TAKING MEDICATION? NO YES- IF YES, WHAT?:_____

PLEASE NOTE: Our staff cannot administer any medications, prescription or otherwise, to campers. This includes over-the-counter medications like Advil or Tylenol for minor headaches or pains. If the camper will need to take medication while attending our camp, he must bring the medication to camp and assume responsibility for taking it as needed.

WILL YOUR SON REQUIRE ANY SPECIFIC TREATMENT FOR A MEDICAL/ EMOTIONAL CONDITION WHILE PARTICIPATING IN OUR CAMP? NO YES
IF YES, PLEASE DESCRIBE:_____

MEDICAL HISTORY

IMMUNIZATION DATES: MEASLES_____ MUMPS_____ RUBELLA_____ MMR(COMBINED)_____ LAST TETANUS_____ POLIO SERIES_____
DATE OF LAST CHECK_UP_____
REASONS FOR ANY HOSPITALIZATION IN THE PAST 5 YRS? NO YES_IF YES,
EXPLAIN_____

PHYSICIAN'S INFORMATION

PHYSICIAN'S NAME_____ADDRESS_____
CITY, STATE,ZIP_____PHONE#_____

LIABILITY, RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE

This is a legally binding Release executed by (camper's name)_____ and by _____(Parent or Guardian name) to the University of South Carolina, Columbia, South Carolina.

In consideration of the Camper being permitted to participate in the camp, I/We do release, waive, forever discharge, and covenant not to sue the institution, its governing board, officers, agents, employees, volunteers, and any students acting as employees ("Releasee"), from and against any and all liability for any harm, injury, damage, claims, demands, actions, causes of actions, costs, and expenses of any nature which Camper, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by Camper or by any property belonging to me, while Camper is in, on, upon or in transit to or from the premises where the camp, or any adjunct to the camp, occurs or is being conducted.

I/We have signed this "Liability Release, Waiver, Discharge and Covenant Not to Sue" in full recognition and appreciation of the dangers, hazards, and risks or such activities, which dangers include but are not limited to heat stress, heat exhaustion, heat stroke, muscle sprains, muscle strain, broken limbs, teeth etc., and which could include serious or even mortal injuries or property damage. I/We further attest that I/We have fully discussed the aforementioned risks and hazards, and Camper and Camper's Parent/Guardian agree that Camper has individually assumed the risks involved with this camp as witnessed below.

I/We understand and agree that Releasees do not have medical personnel available at the location of the camp or on the campus. I/We understand and agree the Releasees are granted permission to authorize emergency medical treatment, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I/We understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

It is my/our express intent that this release and hold harmless agreement shall bind the members of Camper's family and spouse, if Camper is alive, and Camper's family, estate, heirs, administration, personal representatives, or assigns, if Camper is deceased, and shall be deemed as a "Liability Release, Waiver, Discharge and Covenant Not to Sue" the Above-names Releasees. Camper/Camper's Parent/Guardian further agrees to save and hold harmless, indemnify, and defend Releasees from any claim by Camper or Camper's family, arising out of Camper's participation in the camp.

In signing this Release, Camper and Camper's Parent/Guardian acknowledge and represent that I/we have fully informed ourselves of the content of this Release of liability and hold harmless agreement by reading it before we sign it, and that I/we have reviewed it and Camper understands what it means and the I/We sign this document as my/our free act and deed. No oral representations, statements, or inducements, apart from the foregoing written statement, have been made. I/We further state that there are no health-related reasons or problems which preclude or restrict the Camper's participation in this camp, and the Camper has adequate health insurance necessary to provide for and pay any medical costs that may be attendant as a result of injury to the Camper.

I/We further agree that this Release shall be construed in accordance with the laws of the State of South Carolina. If any term or provision of the Release shall be held illegal, unenforceable, or in conflict with any law governing this Release, the validity of the remaining portions shall not be affected thereby.

I further state that I am fully competent to sign this Agreement, and that I execute this release for full, adequate, and complete consideration fully intending for myself, for the Camper, and for Camper's family, estate, heirs, administrators, personal representatives, or assigns to be bound by the same.

THIS IS A RELEASE OF LEGAL RIGHTS. READ BEFORE SIGNING.

Parent or Guardian Signature _____ Date _____