

**ANNE SPRINGS CLOSE GREENWAY  
EQUESTRIAN DAY CAMP APPLICATION  
2009**

NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ AGE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
Street City State Zip

PARENTS \_\_\_\_\_ PHONE \_\_\_\_\_ CELL#(s) \_\_\_\_\_

**EMERGENCY CONTACT: IN CASE PARENTS CANNOT BE REACHED**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ CELL \_\_\_\_\_

1. Riding Experience: Please check the description that fits you best. To figure out where you fit please read descriptions on pg 2.

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| _____ 1) <b>Beginner</b>              | <b>*Please indicate your</b>          |
| _____ 2) <b>Beginner-intermediate</b> | <b>Yrs. of experience _____</b>       |
| _____ 3) <b>Intermediate</b>          | <b>If applicable:</b>                 |
| _____ 4) <b>Intermediate-advanced</b> | <b>*Who is your instructor? _____</b> |
| _____ 5) <b>Advanced</b>              |                                       |

2. Please indicate which group you would like to be placed in. Please remember to check if your group is available in your riding level. If you have no preference please indicate below.

\_\_\_ **Western Beginner**      \_\_\_ **English**      \_\_\_ **Walking horse (Western)**

Horse Preference (if available) \_\_\_\_\_ Other info \_\_\_\_\_

**TOTAL COST: \$225 FORT MILL RESIDENT (local)  
\$250 NON - RESIDENT (non-local)**

**3. IMPORTANT: Please list your preference of sessions. In the parenthesis to the left side of the box, indicate your 1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup> choice. Indicate only sessions you can attend.**

( ) 1 <sup>st</sup> Session	June 08 - 12, 2009	Beginner Western	Intermediate/Advanced English	Walking Horse
( ) 2 <sup>nd</sup> Session	June 15 - 19, 2009	Beginner Western	Intermediate/Advanced English	Walking Horse
( ) 3 <sup>rd</sup> Session	June 22 - 26, 2009	Beginner Western	Intermediate/Advanced English	Walking Horse
( ) 4 <sup>th</sup> Session	June 29 - July 3, 2009	Beginner Western	Intermediate/Advanced English	Walking Horse

**ALL SESSIONS ARE FROM 8:00 AM – 1:00 PM**

- 1.Can you walk and trot a horse comfortably? \_\_\_ **yes** \_\_\_ **no** Do you know how to rack? \_\_\_ **yes** \_\_\_ **no**
- 2.Can you canter in the ring? \_\_\_ **yes** \_\_\_ **no** On the trail? \_\_\_ **yes** \_\_\_ **no**
- 3.Do you like calm horses? \_\_\_ **yes** \_\_\_ **no** Or horses that are a challenge \_\_\_ **yes** \_\_\_ **no**
- 4.Would you be afraid of a horse that might \_\_\_ **rear** \_\_\_ **buck** \_\_\_ **spook** \_\_\_ **get hyper** \_\_\_ **not afraid**
- 5.Can you jump a horse? \_\_\_ **yes** \_\_\_ **no** Can you post? \_\_\_ **yes** \_\_\_ **no**

**Please read the statement below and sign.**

“UNDER SOUTH CAROLINA LAW, AN EQUINE ACTIVITY SPONSOR OR EQUINE PROFESSIONAL IS NOT LIABLE FOR THE INJURY TO OR THE DEATH OF A PARTICIPANT IN AN EQUINE ACTIVITY RESULTING FROM THE INHERENT RISK OF EQUINE ACTIVITY, PURSUANT TO ARTICLE 7, CHAPTER 9 OF TITLE 47, CODE OF LAWS OF SOUTH CAROLINA.”

I have read and understand the Equine Liability Immunity Act shown above.

\_\_\_\_\_  
Signature of Parent or Guardian

The camp is for youth ages 9-14. Space is very limited. (About 18 riders per week) Placement is limited by horse availability and their level of difficulty. Beginner Western groups will fill up fast. Please return your application quickly to guarantee a spot. Applications are considered in the order they are received. However, the group or sessions you request may be full, which means your rider may not get a spot. Flexibility as to which sessions you can attend will increase your chances of getting a spot. Please be sure to put your first, second and third choices for camp on the application.

\*The camp will be directed by Kent Higgins.

**Registration:** Applications will be accepted beginning March 2nd. Applications may be mailed to **Anne Springs Close Greenway, PO Box 1209 Fort Mill, SC 29716-1209**. You may also hand deliver your application to the Greenway Headquarters office located on Dairy Barn Lane. Do not leave your application at any other location.

**Confirmations:** Once all applications are processed, you will receive a confirmation letter. Camp payment will be due within ten days of the date of the confirmation letter. If payment is not received, we will fill the spot from the waiting list. If you do not receive a confirmation letter by April 30<sup>th</sup>, please contact the Greenway Headquarters to find out your location on the waiting list.

**Cancellations:** The camp fee will be refunded if cancellation is made two weeks prior to date of camp. There will be a \$25.00 handling fee. If cancellation occurs less than two weeks prior to date of camp, no refund will be issued.

**Arrival and Departure time:** Campers should be at camp at **8:00 am** and picked up promptly at **1:00 pm**.

**Activities:** Each day activities include ring lessons, trail rides, horse care, tack care, etc. Thursdays include additional activities and spend-the-night. An information letter will be given on the first day of camp.

**What to bring and wear:** A list of items will be mailed to you with your confirmation letter.

**Description of levels: Your level is determined by the description that fits your ability in general (part or all). We try to group riders with the same general abilities in each session and group.**

**BEGINNER**- a rider who has never been on a horse, or who has very little experience. Riders in this level should **not** sign up for any English or Walking horse groups. Riders in this level need very easy horses.

**BEGINNER-INTERMEDIATE**- a rider who has spent some time around horses, has had some experience leading, grooming, and saddling; and can steer and stop a horse. They should be able to walk and trot. These riders should not sign up for Walking Horse or English.

**INTERMEDIATE**- a rider who is comfortable around horses, can saddle, groom, and lead horses with some or no help. This rider may have ½ -2 years of riding experience or has taken 8 Springs group lessons and additional trail rides/ adopt-a-horse. Skills: Walk Trot/Rack and Canter ability.

**INTERMEDIATE-ADVANCED**- a rider who is extremely comfortable around horses. Rider may have had several years of riding experience and/or lessons. Skills: Walk Trot/Rack Canter Eng – Jump & Diagonals the Walking horse group, knows how to rack and canter on intermediate to hard level horses. Can handle intermediate to hard horses.

**ADVANCED**- a rider who is an expert at handling horses. Rider has had several years of general riding experience and/or several years of riding lessons. An expert in their area of riding. For Walking horse: needs to know the difference between rack and running walk & knows how to canter. This rider can handle **hard** horses, such as young or spirited horses. These riders can handle most any **hard** situation without fear.

**Groups: use this section to better understand what each group is.**

**Beginning/Intermediate English**- is for riders who have little experience or are wishing to try English for the first time. These riders already know how to walk and trot well western. Week is medium paced – trail rides and ring lessons.

**Intermediate/ Advanced English**- is for riders from intermediate to advanced who are very familiar with English riding. These sessions are fast paced, including walk/trot/canter/jumping and trail rides with trot and canter.

**Western**- is open to all beginners to intermediate riders. This group will be paced according to the groups overall ability level. Includes, saddling, grooming, ring lessons and fun trail rides.

**Walking Horse**- is for riders who either went to camp for Western (beginner 1-3 yrs ), or riders who have taken Springs group lessons - 8 weeks plus more experience on trails and adopt-a-horse, or for riders who already know how to ride Walking horses. It is for intermediate to advanced level riders. Week includes ring lessons and trail rides.

**INSURANCE INFORMATION**

**Insurance is the responsibility of the parent.** Participant Insurance is available through the Anne Springs Close Greenway. If you have insurance coverage and do not want to enroll in the Participant insurance, the wavier below must be signed. Uninsured campers must sign up for participant insurance. Fee - \$6.00.

**WAIVER OF INSURANCE**

I, the undersigned: participant\_\_\_\_\_ parent\_\_\_\_\_ legal guardian\_\_\_\_, certify that the named participant, above, is covered by an insurance program which will adequately compensate for injuries incurred while participating in activities sponsored by Leroy Springs and Co., Inc. or The Anne Springs Close Greenway.

I also do hereby release Leroy Springs and Co., /Anne Springs Close Greenway, its directors, officers, employees, agents, or volunteers, from all liability related to loss or damage to personal property or bodily injury, while traveling to/from sponsored events, or while on properties owned by Leroy Springs and Co., Inc.

Health Insurance Company\_\_\_\_\_ Policy #\_\_\_\_\_

Signature\_\_\_\_\_ Date\_\_\_\_\_

**MEDICAL INFORMATION**

CHILD'S NAME\_\_\_\_\_

CHILD'S DOCTOR\_\_\_\_\_

DOCTOR'S ADDRESS\_\_\_\_\_ TELEPHONE\_\_\_\_\_

Is your child on medication?\_\_\_\_\_ Explain\_\_\_\_\_

Allergies or conditions staff should be aware of:\_\_\_\_\_

How does it affect your child?\_\_\_\_\_

Does your child have asthma? \_\_\_yes \_\_\_no

Does your child have exercise induced asthma? \_\_\_yes \_\_\_no

If parent or guardian is not available notify:

Name\_\_\_\_\_ Telephone\_\_\_\_\_

Name\_\_\_\_\_ Telephone\_\_\_\_\_

**EMERGENCY MEDICAL TRANSPORTATION AND TREATMENT AUTHORIZATION**

In the event that my child is injured or becomes ill or needs medical attention for any reason, and I cannot be contacted, this authorization will serve as my/our request and authority for The Anne Springs Close Greenway staff to call and seek medical assistance for my child. I understand that my child will be taken to Piedmont Urgent Care Center at Baxter Village or Carolinas Medical Center Emergency Room in Pineville, NC. I understand that I will be responsible for all costs incurred in any such medical emergency.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian

Photographic Image Disclaimer

**Anne Springs Close Greenway/Leroy Springs & Co., Inc.  
Fort Mill, SC  
2009 Summer Camp**

In order for the Anne Springs Close Greenway / Leroy Springs to display photographs of individuals on the **Anne Springs Close Greenway/ Leroy Springs website and printed media**, you the parent must give written consent to the company.

If you do consent to have your child's image displayed on the company's websites or printed media, please read the disclaimer below and sign.

I, \_\_\_\_\_, the parent/ guardian of  
\_\_\_\_\_ do hereby give permission for my  
child's image and name to be used in publications such as company websites and  
printed media (such as, but not limited to, newsletters).

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date