



2009 Camp Giddy Up Registration Packet

Welcome to Camp Giddy Up! We plan on having a very fun summer and we hope you will be joining us. Please read the following information then fill out the last four pages and return to the National Ability Center.

Objectives:

Our camp objectives are to provide safe, fun, and educational activities that promote the development of horse knowledge and riding skills while increasing self-confidence and independence. Safety and education are emphasized in every aspect of the program. Activities that may be included during your camper's day are; horseback riding lessons, horse related arts and crafts, cart driving, barn chores, feeding, horse care and management, and other activities such as rock climbing and games.

Rider Skills:

To promote safety it is required that each rider already have some experience riding horses and is able to ride without assistance from a lead walker. The first day of camp will include a riding assessment. If a rider is not able to ride the horse independently then they may be removed from camp without refund. If the rider has never before ridden a horse then they can register for the First Time Riders Camp from June 29th – July 1st.

Equal Access:

All members of the NAC with appropriate skills have access to participant in camp Giddy-up. The purpose of Camp Giddy-up is to serve individuals that are capable of being independent on a horse with or without a disability. There are many program opportunities available with the NAC for individuals that do not fulfill this requirement.

Registration:

A \$50 non-refundable deposit is required at time of registration. Please fill out a complete registration packet and send with payment to Jenn Carpenter. For registration questions call Jenn at (435) 200-0987, for other equestrian program or camp questions call the Equestrian Program Manager, Raeshell Sorensen at (435) 200-0986. **Placement in Camp Giddy Up cannot be held or guaranteed without a deposit and completing the proper registration packet.**

Registration packet delivery options:

Mail:

NAC Camp Giddy Up Registration

Attn: Jenn Carpenter

P.O. Box 682799

Park City, UT 84068

Fax: (435) 658-3992, attention Jenn Carpenter

Email: jenniec@discovernac.org

Payment:

All fees must be paid in full 3 weeks prior to the beginning of your camp date. There are no refunds after this date. You must be a member of the NAC to participate in camp. Year membership fees are \$20 for individuals and \$30 for a family. We accept all major credit cards, check or cash.

Refund Policy:

Full refunds will be given before 3 weeks of your camp start date less your \$50 non-refundable registration fee. Refunds are not given for vacation or individual days missed.

When Is Camp Giddy Up?

Camps operate Monday through Friday:

Monday-Thursday 9:00am-4:00pm

Friday 9:00am-3:00pm

(Awards ceremony and ice cream social at 2:30pm)

Early drop off (8:00am) and late pickup (5:00pm and 4:00pm on Friday) are available. This must be arranged with the camp director at least 24 hours in advance and will cost \$10.00 each.

First Time Riders Week: June 29th – July 1st is a shorter week dedicated to riders who are new to riding from ages 8-15. Riders will learn the basics of riding and horse care in a safe and fun environment.

Overnight Advanced camp: July 20th - 22nd intermediate to advanced level riders ages 13-16 will have the chance to come to camp as well. This camp will include three days and two nights at the National Ability Center lodge, guest instructors, introduction to various disciplines and the chance to not only further develop riding skills, but learn what it takes to care for a horse. As part of this camp, riders will also have the chance to do other activities the Ability Center has to offer such as rock climbing, cart driving and a water activity.

****Campers are required to bring their own lunch each day****

FILL OUT AND RETURN TO THE NATIONAL ABILITY CENTER

Participant Information Form

The thorough and accurate completion of this form is mandatory for your child to participate in our programs. Our focus is to provide a safe and fun environment for all programs, and the facts you disclose will be confidential. This information will better prepare our staff to serve you, and respond professionally in the unlikely event of an emergency or illness.

Name: _____ Birth Date: _____ Ht. ____ Wt. ____ Sex: M F

Address: _____

City/State: _____ Zip: _____

Parent/Guardian/Contact (if under 18): _____

Phone: Home: _____ Work / Cell: _____

Emergency Contact: _____ Phone: _____

Circle your first and second camp choices:

JUNE	JULY	AUGUST
June 15-19	July 6-10	August 3-7
June 22-26	July 13-17	August 10-14
June 29-July 1 (Beginners week)	July 20-22 (Overnight camp)	
	July 27-31	

PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT YOUR CHILD'S PHYSICAL HEALTH. Activities may be strenuous, either physically and/or mentally, please make information as detailed as possible.

How would you describe his/her lifestyle? (Sedentary, routine exercise, athlete, etc.):

What activities does this include?

What two things would you like your child to accomplish by participating with us?

1. _____

2. _____

How did you hear about camp?

Poster (where: _____) Mailing Internet Word of Mouth

Other: _____

Is your child currently under any medical treatment for a disease or condition? Yes ___ No ___

If YES Please explain:

Is your child currently taking any medication? Yes ___ No ___

If yes, please give the name, dosage, frequency and side effects?

Does your child have any allergies, including foods, animals, medications, bites or stings?

Yes ___ No ___ If yes please list _____

Does your child have any sensitivity to heat or sun? Yes___No___

If yes please explain _____

Does your child have any physical limitations? Yes ___ No ___ Detailed explanation:

Does your child have any cognitive limitations? Yes ___No ___ Detailed explanation:

Please inform us about any unusual behavior. Please include management techniques

I understand that the information I have provided on this form is required in order to be a participant in this program. I acknowledge that this information is current, complete and accurate and there is nothing I have omitted. I give permission to the NAC staff to call for emergency medical treatment if it becomes necessary.

SIGNATURE OF PARTICIPANT_____DATE_____

SIGNATURE OF PARENT OR GUARDIAN_____DATE_____
(IF UNDER THE AGE OF 18)

In consideration of being allowed to participate in any way in the NATIONAL ABILITY CENTER'S/DISABLED SPORTS USA'S, related events and activities, I and/ or the minor participant, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

1. Agree that prior to participating, I will inspect, or if a parent and/ or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used and if I believe to the best of my ability that anything is unsafe, I and/ or the minor participant will immediately advise the NATIONAL ABILITY CENTER/DISABLED SPORTS USA of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that I and/ or the minor participant, will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inaction's, or negligence of others, the rules of play, or the condition of the premises or any of the equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not sue the NATIONAL ABILITY CENTER/DISABLED SPORTS USA, its affiliated clubs, their represented administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of the premises used to conduct the event, all of which are hereafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused in whole or in part by the negligence of the releasee or otherwise.

I/ WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

X _____

Participants Name _____ Signature _____ Date _____

FOR PARTICIPANTS OF MINORITY AGE

This is to certify that I, as parent/ guardian with legal responsibility for this participant, do consent and agree to his/ her release as provided above of the Releases, and, for myself, my heirs, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

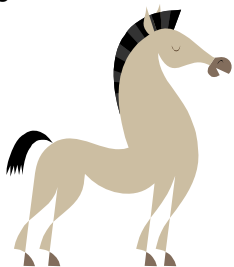
X _____
Parent's Signature & Emergency Phone _____ Name & Date _____

MEDIA RELEASE FORM

Name _____ Age _____ Male _____ Female _____

MEDIA/PHOTO WAIVER: I hereby authorize and give my full consent to National Ability Center/Disabled Sports USA to copyright and/or publish any and all photographs, videotapes and/or film in which I appear while attending the National Ability Center/DS/USA event. I further agree that National Ability Center/DS/USA may transfer, use or cause to be used, these photographs, videotapes or films for any exhibitions, public displays, publications, commercials, art and advertising purposes, and television programs without limitations or reservations.

X _____
Signature _____ Date _____



Camp Giddy Up 2009

Rider Evaluation Form

Please take a moment to fill out the following Rider Evaluation Form. The information you provide on this form and your participant information form will enable us to place your camper in the correct group for maximum learning and FUN! If you have any questions, please call 435-649-3991 ext. 608.

Camper Name: _____ Date: _____

Camp Week Attending: _____

Please check all the following that apply and provide any observations or explanations:

- Has never ridden a horse _____
- Had ridden a horse on a trail ride on family vacations _____
- Have you been involved with Pony Club or 4-H? Yes ___ No ___ If so, what level or for how long? _____

- Owns their own horse _____
- Has ridden a horse in another camp _____
List camp name and skills learned: _____

- Has basic horsemanship skills, Please check all that apply:
- Can lead a horse independently from the ground
 - Can ride a horse at a walk independently without assistance
 - Can ride a horse at a trot independently without assistance
 - Knows how to post at the trot
 - Can perform schooling figures independently (i.e. circles, figure eight, serpentine, etc)
 - Understands basic ring etiquette
 - Has ridden a horse independently on a trail ride
 - Can saddle and bridle a horse independently
 - Can ride a horse at the canter independently
- Has taken lessons from a riding facility in the last year
If yes, please list the name of the riding facility and how long he/she has been taking lessons:

- Has ridden English _____
- Has ridden Western _____
- Has learned a specific discipline i.e. jumping, dressage, reining, barrel racing, etc. Please list specific disciplines:

- Has a fear of horses
- Can follow 2-3 step instructions
- Please describe the campers riding skills with as much detail as possible:

Please provide any other information you think would be beneficial for us to be able to provide a safe and fun camp for your child:
