

# **2021 MCVC Summer Vaulting Camps**

*Hosted by the Meadow Creek Vaulting Club*

**Camp #1: July 5-7, 2021**

**Camp #2: August 23-25, 2021**

**The 2021 MCVC Summer Vaulting Camp is a great opportunity for New and Experienced vaulters to learn about vaulting and improve your vaulting skills in a safe and fun environment.**

The Camp is open to New vaulters and experienced vaulters in Walk and Trot levels.

The camps will include activities to learn about vaulting, horses, basic gymnastics, basic dance and lots of fun!  
Participants are recommended to be 5 years old or up, there is no upper age limit.

## **General Information & Covid-19 Protocols:**

- The camp will run from 9:00AM – 12:30PM for all three days.
- Participants are recommended to be 5 years old or up, there is no upper age limit.
- Covid Protocols may be in place, depending on current guidelines. After registering, you will receive an email a few days prior to the first day of camp to update you on any protocols we may have to follow.

## **What to bring to camp:**

- Vaulting attire - leggings/sweatpants, suitable tops appropriate for the weather.
- Water shoes, soft soled shoes or vaulting shoes.
- Runners
- A change of clothes or some extra layers in case the weather changes.
- Jacket and boots if it is raining etc.
- Water bottle - labelled with your name

## **Snacks & Drinks:**

Snacks are provided for each day, as well as refreshments for the participants. Just bring a water bottle to stay hydrated!  
\*if you have specific dietary needs please specify when registering and we will be in contact to plan ahead\*

## **Location:**

The camp will be held at Creekside Equestrian Centre, approximately 15 minutes South East of Olds. Directions will be emailed out after you have registered. (We can be found on google maps under Meadow Creek Vaulting Club as well).

## **Registration & Deadlines:**

Registration Deadline for Camp #1: July 2<sup>nd</sup>, 2021

Registration Deadline for Camp #2: August 20<sup>th</sup>, 2021

Camp Fee: \$250.00 per camp

**We accept cash, cheque and eTransfer.**

Please make cheques payable to Meadow Creek Vaulting Club **or** eTransfer to [meadowcreekvaulters@hotmail.com](mailto:meadowcreekvaulters@hotmail.com)

Payment is due on Friday July 2, 2021. If Covid prevents us from running the camp, you will receive a full refund.

## **Send the completed Registration Form, Release Form and Payment to:**

Meadow Creek Vaulting Club

Box 15, Site 7, RR4

Olds, Alberta T4H 1T8

You can also scan & email the forms to Jeanine at:

[meadowcreekvaulters@hotmail.com](mailto:meadowcreekvaulters@hotmail.com)

**You will receive an email upon receipt of your registration forms & payment. There will be a final confirmation email sent the weekend before your camps dates, which will include directions, Covid protocols and any other details you may need!**

## **More Information:**

If you have any questions about registration and/or the camp, please email [meadowcreekvaulters@hotmail.com](mailto:meadowcreekvaulters@hotmail.com)  
or call/text Jeanine at 403-559-9937

# 2021 MCVC Summer Vaulting Camp

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Select your camp date(s):

Camp #1 July 5-7: \_\_\_\_\_

Camp #2 August 23-25: \_\_\_\_\_

## Registration Form

Vaulter's name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Alberta Equestrian Federation Membership Number: \_\_\_\_\_

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Vaulters Alberta Health Care Number: \_\_\_\_\_

Vaulters Medical Doctor Name: \_\_\_\_\_

Doctors Phone Number: \_\_\_\_\_

Emergency Contact Name and Number: \_\_\_\_\_

Allergies, Dietary Restrictions or Other Medical Concerns Coaches Should be Aware Of:

\_\_\_\_\_  
\_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

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## Permission To Seek Medical Treatment

I (parent/guardian's name) \_\_\_\_\_ as the parent/guardian of (child's name) \_\_\_\_\_ hereby give permission to the coaches of the Meadow Creek Vaulting Club to provide first aid for my child, or to transport my child to a doctor or hospital or to arrange for ambulance transportation for my child, in the event of an accident or emergency when I cannot immediately be contacted. I further authorize any necessary medical treatment necessary for my child.

Parent/Guardian Signature:

Date:

\_\_\_\_\_  
\_\_\_\_\_