

# **2021 MCVC Summer Vaulting Camp**

*Hosted by the Meadow Creek Vaulting Club*

**ADVANCED CANTER CAMP: AUGUST 4-7, 2021**

**The 2021 MCVC Summer Vaulting Camp for Advanced Canter Vaulters is a great opportunity for experienced canter vaulters to advance skill development, train in a positive learning environment, and work with coaches to maximize your potential as an athlete – while being surrounded by fellow athletes with similar skill level and goals!**

Camp activities will primarily focus on developing proper technique for compulsories, enhancing your freestyle skills, and either preparing for this year's competition season (Provincials and Nationals will be right around the corner!) – or help you develop a plan to work towards next season or beyond to reach your full potential.

Training at camp will run from 9:00AM till 12:30PM. Afternoon activities will optional and fun!

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

- The camp will run from 9:00AM – 12:30PM for 4 days.
- Afternoon fun activities are optional (examples: swimming/lake, hiking, canoeing, etc.) Final details on the afternoon events to be announced soon.
- 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. Vaulting shoes, running shoes, boots (or shoes) for handling horses).
- 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: July 30<sup>th</sup>, 2021

Camp Fee: \$375.00

**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 30<sup>th</sup>, 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):      Canter Camp August 4-7: \_\_\_\_\_      Vaulters' Level: \_\_\_\_\_

## **Registration Form**

Vaulters' 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: \_\_\_\_\_

\_\_\_\_\_