



ACA Youth Camp Information and Expression of Interest

Structure

- Youth Camps must be run and managed by a current ACA Affiliated Committee with current and up to date insurance. If the Committee does not have ACA's Insurance cover then a copy of the Committee's Certificate of Insurance must be provided upon affiliation application.
- The Committee must follow the framework and guidelines as set out below.
- The Committee must complete in full an Expression of Interest form (EOI) and submit to the ACA Office,
- EOI forms with missing or incomplete information will not be considered.
- The ACA Office will forward the EOI to all members of the Youth Camp and Starter Clinic Sub Committee and the Executive Group of the ACA Management Committee for approval.
- Committee volunteers and facilitators must comply with the relevant state authority Working With Children check. Parents attending the camp due to the fact that their children are partaking in the camp are exempt from this requirement.

Framework

- All participants and facilitators must be current ACA members; you will be required to submit a participant listing to ACA the week prior to this event for current membership checks to be done in a timely manner.
- A maximum fee of up to \$150/day per attending member can be charged by the Committee, with refunds in line with ACA Rule D5.
- The Committee is to collect all monies from the members, for the Youth Camp and catering.
- The Committee is responsible for paying for all expenses that are incurred from running the Camp e.g. ground hire, cattle hire, cattle cartage, facilitators, and Medical Service Providers.
- If extenuating circumstances occur then, on application from the organising Committee, the ACA Youth Clinic/Starter Sub Committee may decide to help the Committee with funding. Invoices must be submitted to ACA to show proof of expenditure, with a completed *EXT063 Expense Claim Form*. ACA will not make the payment for the expense claim until the invoices are received.
- When a Youth Camp is approved and a date is confirmed, the event will be listed on the ACA Events Calendar and will be advertised on the ACA Website and the ACA Facebook page.
- All Facilitators are recommended to be accredited ACA Judges or Open Riders. At a minimum, one Facilitator must be an ACA Open Judge, and this person must deliver the Rules segment. Facilitators can be paid up to \$200 per day for their time, however most facilitators donate their time.
- The recommendation is one facilitator per ten (10) participants.
- As per the ACA rules regarding the Medical Services Policy, the committee must ensure that a Medical Level 1 is in attendance when cattle are being worked. This policy is available to be downloaded from the ACA Website at any time.
- All participants under the age of eighteen (18) years must wear a properly fitted helmet as per ACA rules.



Guidelines

- ACA Rules: cover basic rules, including respect for Judges and Committees; a copy of The General Information Competition Rules and Guidelines (ACA Rule Book) will also be provided by the ACA office.
- Dry Work: circling, cornering, checking, stopping, tracking, safety.
- Cattle Work: cattle care, beast selection, getting one beast out of the mob, cutting out, turning tail, watching for pegs, tracking, when to quit, safety.
- Nutrition: safe feeding practices, matching feeding regime to work, horse fitness.
- Hoof Care: safe hoof care for Campdrafting.
- Health and Dental: basic diseases, illnesses (e.g. colic, tying up, strangles, hendra etc.), standard dental care, who to ask for help.
- General Horse Welfare: travelling safe, loading, fencing ideas, courtesy rules, ACA horse containment rules, stallions and panels.
- Video Footage: suggestion for evening entertainment or further questions.
- Games: suggestion interactive games/quizzes to get youths to know each other and learn as a team.
- Other ideas are welcome from Committees.



Expression of Interest Form – ACA Youth Camp

The aim of a Youth Camp is to provide Junior and Juvenile members the fundamentals of Campdrafting, so that they can be confident that they are competing in a safe & fun manner. Whilst it is expected that the Committee recover costs for the camp, it is not to be seen as a money making venture, financial assistance may be available upon application.

Organising Committee: _____

ACA Affiliation paid for the current / year? Yes / No _____

Venue: _____

Date: _____

Approximate number of participants: _____

Approximate age of participants: _____ Total cost to participate: _____

Standard of amenities: Fair / Good / Excellent _____

Standard of grounds: Safe / Very safe / Inspection required _____

Name of Medical Service Provider: _____

Contact details of Medical Service Provider: _____

Note: A Medical Service Provider only needs to be in attendance during cattle work.

The cost for a Medical Service Provider may be reimbursed by ACA pending the approval of the Youth Camp & Starter Clinic Sub Committee, completed *EXT063 Expense Claim Form* and tax invoice/s must be supplied to ACA.

Cattle available for clinic? 25 head / 25-75 head / 75-100 head / 100-200 head / Over 200 head _____

Will cattle be donated? Yes / No _____

Expected Expenses:		
Item Number	Description	Total Costs
1		\$
2		\$
3		\$
4		\$
5		\$

Expected Income:		
Item Number	Description	Total Earnings
1		\$
2		\$
3		\$

Does your Committee require financial assistance for this event? Yes / No _____



Note: Tax invoices along with an *EXT063 Expense Claim Form* are to be supplied to the ACA office to show proof of payment. It is requested that these tax invoices be forwarded within four (4) weeks of running a camp.

If yes, please outline in the table below:

Item Number	Description	Total Costs
1		\$
2		\$
3		\$
4		\$
		\$ Total Requested

Compulsory sections to be covered at the camp:				
Section to be covered	Facilitator Name(s)	ACA Number	Status (please tick)	Total Cost
ACA Rules.			<input type="checkbox"/> MC Member <input type="checkbox"/> ACA Open Judge Other: _____	\$
Cattle work and dry work relevant to Campdrafting.			<input type="checkbox"/> MC Member <input type="checkbox"/> ACA Open Judge Other: _____	\$

Optional sections to be covered at the camp:				
Section to be covered	Facilitator Name(s)	ACA Number	Status (please tick)	Total Cost
Nutrition.			<input type="checkbox"/> MC Member <input type="checkbox"/> ACA Open Judge Other: _____	\$
Hoof Care.			<input type="checkbox"/> MC Member <input type="checkbox"/> ACA Open Judge Other: _____	\$
Health and Dental.			<input type="checkbox"/> MC Member <input type="checkbox"/> ACA Open Judge	\$



			Other: _____	
Transport/Fences at a campdraft.			MC Member ACA Open Judge Other: _____	\$
Other:			MC Member ACA Open Judge Other: _____	\$

Have you applied for any grant funding to offset the cost of this event? Yes / No

If yes, details and amount:

Committee Contact Details:

Organiser's Contact Name:

Position:

Signature:

Organiser's Contact Number:

Organiser's Contact Email:

Postal Address for Paperwork:

(Contact details will be used on all advertising as required, in the ACA News, the ACA Website and the ACA Facebook page. Unless otherwise advised, all relevant paperwork for this event will be posted to the Committee address on file.)