

**Camp Registration Form 2012**

Camper's Name ..... Date Of Birth ..... / ..... / ..... Sex .....

Address .....

(Postal Code)..... E-Mail Address .....

Telephone (Residence) ..... (Business) ..... (Other) .....

- 1<sup>st</sup> SESSION: June 25<sup>th</sup> - July 6<sup>th</sup>, 2012 9:00am - 3:00pm \$1,575.00 + HST Lunch Included
- 2<sup>nd</sup> SESSION: July 9<sup>th</sup> - July 20<sup>th</sup>, 2012 9:00am - 3:00pm \$1,575.00 + HST Lunch Included
- 3<sup>rd</sup> SESSION: July 23<sup>rd</sup> - Aug 3<sup>rd</sup>, 2012 9:00am - 3:00pm \$1,575.00 + HST Lunch Included
- 4<sup>th</sup> SESSION: Aug 6<sup>th</sup> - Aug 17<sup>th</sup>, 2012 9:00am - 3:00pm \$1,575.00 + HST Lunch Included
- 5<sup>th</sup> SESSION: Aug 20<sup>th</sup> - Aug 31<sup>st</sup>, 2012 9:00am - 3:00pm \$1,575.00 + HST Lunch Included

**\*\*NOTE:** Each mailed application must be accompanied by a deposit cheque of \$339.00 as well as a remainder cheque for \$1440.75 dated before the first day of camp. Fees can also be paid by credit card over the phone.

**CONDITIONS**

<b>1</b>	All Campers must be a minimum of nine years of age. (Camp is geared to riders between the ages of nine and fifteen years.) Campers must be no lighter than 30 kilograms (65 lbs).
<b>2</b>	It is inevitable that every rider will sustain a fall. Therefore, if a camper has any condition which could be aggravated by a fall, you must consult your physician before commencing any equestrian activities.
<b>3</b>	All campers must supply themselves with an ASTM approved riding helmet, a protective riding vest, long pants and flat soled boots with a low heel.
<b>4</b>	All cancellations will result in a \$100.00 charge per session. Any cancellations must be made at least fifteen days prior to the selected session, after which date deposits are non-refundable.
<b>5</b>	Sessions selected are a personal reservation, therefore no days missed may be made up, transferred or refunded.
<b>6</b>	The school reserves the right to terminate a camper's stay at its sole discretion. Any such cancellation will result in a full refund of the balance remaining in the session.
<b>7</b>	Sunnybrook Stables cannot guarantee future bookings or lesson availability beyond the camp session(s) in which your child is registered.
<b>8</b>	The accompanying WAIVER OF LIABILITY and PICK-UP AUTHORIZATION FORM must be completed and signed by a parent or legal guardian
<b>9</b>	Additional supervised day care prior to and after regular camp hours can be provided at a cost of \$10.00 per hour.

**EMERGENCY INFORMATION**

Health Card Number .....

Person to be contacted ..... (Relationship to camper) .....

Telephone (Residence) ..... (Business) ..... (Other) .....

**INFORMATION SHEET**

How did you hear about Sunnybrook Stables? .....

What type of previous riding experience and where? English  Western  Lessons  Pleasure  Competitive

Location(s) .....

Length of time riding (Frequency or number of times on a horse)? .....

When was the last time you were on a horse? .....

Any allergies, perceptual, or physical difficulties that would affect riding? .....

Is the camper on any medication ..... If so, what? .....

Signature of Parent / Guardian .....

# CHILD

## RELEASE AND WAIVER OF LIABILITY MINOR CHILD - DAY CAMP ACTIVITES

**I REQUEST** permission for my child, ..... ,  
to participate in horseback riding and other activities at Central Don Stables, Sunnybrook Stables Limited.

**I FULLY UNDERSTAND AND ACKNOWLEDGE** that there are inherent risks, dangers and hazards  
associated with horseback riding, handling and grooming of horses, and other stable activities.

**I ASSUME AND ACCEPT** all risk of injury or loss to my child or damage to my property.

**AS A CONDITION** for my child being permitted to participate in these activities, for my child, myself,  
my child's heirs, guardians, and legal representatives, I agree not to bring any claim, and waive, release and  
discharge Central Don Stables, Sunnybrook Stables Limited, including their operators, its directors, officers,  
employees, agents, representatives or anyone acting on their behalf, or guests, including any land owner,  
land holders or other persons making property available to Central Don Stables, Sunnybrook Stables Limited,  
for any and all claims or liability for injury or loss to my my child, or any damage to my property or loss  
of any kind whatsoever arising out of my child's participation in the activities at Central Don Stables,  
Sunnybrook Stables Limited.

**I ACKNOWLEDGE** reading the above Release and Waiver of Liability, which **I UNDERSTAND**.

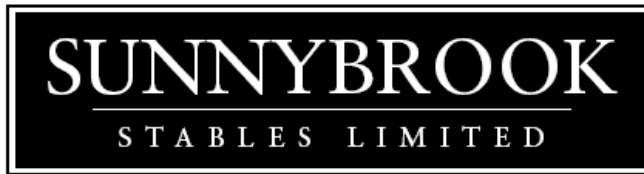
**I FURTHER ACKNOWLEDGE** receiving a copy of this Release and Waiver of Liability.

Signature of Parent / Legal Guardian .....

Name of Parent / Legal Guardian (*Printed*) .....

Child's Name (*Printed*) .....

Dated .....



SUMMER CAMP / PICK-UP AUTHORIZATION

Camper's Name .....
(Please Print)

PLEASE INCLUDE A BRIEF DESCRIPTION OF YOUR CHILD:

Age: ..... Any other distinguishing features: .....
Eye Colour: .....
Height: .....
Weight: .....

IMPORTANT - LIST ALL CONTACT NUMBERS

Please provide an alternative emergency contact, in the event that the parent/guardian listed on your child's summer camp application form cannot be reached:

Name: ..... Res: .....
Relationship to camper: ..... Bus: .....
Cell: .....
E-Mail: .....

INDICATE BELOW WHO WILL BE RESPONSIBLE FOR PICKING UP YOUR CHILD(REN)

- I will be picking up my child from camp.
I have made arrangements for someone other than myself to pick up my child from camp.

This person's name is ..... and their relationship to my child is .....
They can be contacted at the following number(s):
Res: ..... Bus: .....
Cell: ..... E-Mail: .....

Parent / Guardian's Name: .....
(Please Print)

Parent / Guardian's Signature: .....
Dated: .....