



2018 SUMMER CAMP REGISTRATION FORM

Camper's Name Date of Birth d..... / m..... /y Sex

Address

(Postal Code) E-mail Address

Telephone (Residence) (cell) (Other)

FULL DAY REGISTRATION:

- 1st SESSION: June 25th to June 29th, 2018 10:00 am – 5:00 pm \$975.00 + HST Lunch Included
- 2nd SESSION: July 2nd to July 6th, 2018 10:00 am – 5:00 pm \$975.00 + HST Lunch Included
- 3rd SESSION: July 9th to July 13th, 2018 10:00 am – 5:00 pm \$975.00 + HST Lunch Included
- 4th SESSION: July 16th to July 20th, 2018 10:00 am – 5:00 pm \$975.00 + HST Lunch Included
- 5th SESSION: July 23rd to July 27th, 2018 10:00 am – 5:00 pm \$975.00 + HST Lunch Included

HALF DAY REGISTRATION:

- 1st SESSION: June 25th to June 29th, 2018 1:00 pm – 5:00 pm \$750.00 + HST
- 2nd SESSION: July 2nd to July 6th, 2018 1:00 pm – 5:00 pm \$750.00 + HST
- 3rd SESSION: July 9th to July 13th, 2018 1:00 pm – 5:00 pm \$750.00 + HST
- 4th SESSION: July 16th to July 20th, 2018 1:00 pm – 5:00 pm \$750.00 + HST
- 5th SESSION: July 23rd to July 27th, 2018 1:00 pm – 5:00 pm \$750.00 + HST

**** NOTE:** Each registration form must be accompanied by a deposit of \$400.00+HST with the balance due before the camp session starts. Payment can also be made by Debit Card in the office. Rates shown are discounted for Cheque and Debit payments. All accounts must be accompanied by a valid credit card.

Credit Card Type: VISA / MC Credit Card Number: _____ Expiry: _____

CONDITIONS

| | |
|----------|---|
| 1 | All campers must be a minimum of eight years of age. (Camp is geared to riders between the ages of eight and 15 years.) Campers must be no lighter than 30 kilograms (65lbs). Initial _____ |
| 2 | 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. Initial _____ |
| 3 | 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. (vest and helmet can be rented for \$40 per session) Initial _____ |
| 4 | All cancellations will result in a forfeiture of your deposit for each session. Cancellation must be made at least 15 days prior to the selected session after which all fees will apply and be forfeited. Initial _____ |
| 5 | Sessions selected are a personal reservation, therefore no days missed may be made up, transferred or refunded. Initial _____ |
| 6 | The Riding Academy 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. Initial _____ |
| 7 | I consent to receive emails from The Riding Academy regarding subjects including, but not limited to: schooling shows, clinics and camps, road closures/diversions, and parking. I understand that I can opt out of receiving such emails, by sending an email to: horsepalace@bellnet.ca with the subject "unsubscribe". Emails will not be sold, distributed, or used for any other purpose than to contact clients of The Riding Academy Initial _____ |
| 8 | The accompanying WAIVER OF LIABILITY and PICK-UP AUTHORIZATION FORM must be completed and signed by a parent or legal guardian. Initial _____ |



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EMERGENCY INFORMATION

Person to be contacted in an emergency..... (Relationship to camper).....
Telephone (Residence) (Business) (Other)

INFORMATION SHEET

How did you hear about The Riding Academy?
.....

What type of previous riding experience? English Western Lessons Pleasure

When was the last time you were on a horse?

Any allergies, perceptual, or physical difficulties?

Vegetarian Food allergies

Is the camper on any medication?

Signature of Parent/Guardian

P.O. Box 9, 1-15 Nova Scotia Avenue, Toronto, Ontario M8K 3C3 416-599-4044 / horsepalace@bellnet.ca



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SUMMER CAMP / PICK-UP AUTHORIZATION

Camper's Name
(Please Print)

**PLEASE INCLUDE A BRIEF DESCRIPTION OF YOUR CHILD AND PHOTO:
Photo will be returned at the conclusion of camp.**

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:
..... Email:

INDICATE BELOW WHO WILL BE RESPONSIBLE FOR PICKING UP YOUR CHILD

- 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:



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CHILD

RELEASE AND WAIVER OF LIABILITY

I REQUEST permission for my child ,
to participate in horseback riding and other activities at The Riding Academy at The Horse Palace.

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 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 Sunnybrook Stables Limited, for any and all claims or liability for injury or loss to 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 Sunnybrook Stables Limited.

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

I FURTHER ACKNOWLEDGE receiving a copy or having access to this Release and Waiver of Liability.

Signature of Parent / Legal Guardian

Name of Parent / Legal Guardian (*Printed*)

Child's Name

Dated