

SUMMER 2005 Camp Application

Camper's NAME: (Last) _____ (First): _____

ADDRESS: _____ Apt. #: _____ CITY: _____

POSTAL CODE: _____ - _____ Date of Birth: _____ 19____ AGE: _____ Yrs.

HOME PH. #: (____) _____ - _____ BUS. PH. #: (____) _____ - _____ FAX #: (____) _____ - _____

e-MAIL: _____

PARENT/GUARDIAN NAME: _____ RELATIONSHIP: _____

IN EMERGENCY, CONTACT: _____ RELATIONSHIP: _____

PHONE #: (____) _____ - _____ Other: _____

Does the above Camper have any special medical conditions or personal needs that may be affected by participation in the Summer 2005 Camp Program? (ie. heart, vision, allergies, behavioural, diet, etc.) YES: _____ NO: _____

If "YES", please describe:

FAMILY DOCTOR NAME: _____ PHONE #: (____) _____ - _____

Camper's ONTARIO HEALTH CARD #: _____

It is recommended that all students have their Identification, Health Card & Medic-Alert Bracelets with them at ALL TIMES, while attending the Camp.

Camper's Riding History: Is this the first time riding a horse/pony?: YES: _____ NO: _____

If, NO, Please indicate level of proficiency: (Check One.)

Beginner (few rides): _____ Novice (some lessons): _____
Intermediate (walk, trot, canter): _____ Proficient (advanced flat & jumping): _____
Advanced (competitive level): _____

Declaration: I, _____, as Parent or Legal Guardian of the above named "Camper", agree that I have the authority to sign and allow consent for, the above named "Camper", to participate in the Summer 2005 Camp Program at Haycroft Riding School. In addition, I agree that I have read and/or, have been made aware of the rules, regulations, procedures, protocol, risk factors, associated costs, fees and, other material facts (to my satisfaction), relating to the participation of the above named "Camper", and hereby give my consent for such participation. Further, I have signed the "Liability and Claims Waiver" herein attached, and agree to be bound by all terms and conditions.

Print Name _____ Relationship _____ Signature _____ Date _____

Paid: \$350 X _____ Wk(s) Cash _____ Chq.# _____ \$ _____.

Week #: _____ Dates: _____