



2018 Summer Riding Camp Registration Form

Name of rider: _____ Age as of July 1st, 2018: _____

Health Card Number: _____ (Optional)

Street: _____ City: _____ Postal Code: _____

Home Phone: _____ Mother's Alternate Phone: _____

Father's Alternate Phone: _____ Emergency Contact Number: _____

Email Contact: _____

	Dates	Number of Days	Check Box
STAFF	July 2 nd – July 6 th	5 Days (Staff only)	<input type="checkbox"/>
Session 1	July 9 th – July 13 th	5 days	<input type="checkbox"/>
Session 2	July 16 th – July 27 th	10 Days	<input type="checkbox"/>
Session 3	July 30 th – Aug 10 th	9 Days	<input type="checkbox"/>
Session 4	Aug 13 th – Aug 17 th	5 Days	<input type="checkbox"/>
Session 5	Aug 20 th – Aug 24 th	5 Days	<input type="checkbox"/>

No riding experience is necessary but if you would like to check any of the descriptions below that reflect your riding history, it will help us place you in the right group on the first day. ☺ Thanks.

I've never ridden a horse or pony	<input type="checkbox"/>
I've been on a trail ride	<input type="checkbox"/>
I've been to riding camp	<input type="checkbox"/>
I've had some riding lessons	<input type="checkbox"/>
I can walk and trot without assistance	<input type="checkbox"/>
I can walk, trot, and canter without assistance	<input type="checkbox"/>
I've done some jumping	<input type="checkbox"/>

Are there any circumstances that the camp staff should be aware of?

(e.g. Allergies, required medications, family situations, etc.)

Please outline below:

I hereby apply for the registration for the child named above for Harrogate Hills Summer Camp as indicated by the checked boxes above. In consideration of the acceptance of this application, I agree to the following conditions.

- i. My child may participate in all summer activities at the campsite
- ii. Harrogate Hills Riding School is entitled to terminate the registration of any camper when it is deemed by the directors to be in the best interest of the child and of the summer camp program
- iii. The undersigned gives permission to the instructors and or directors to act on his/her behalf in the event of an emergency
- iv. The undersigned consents to the use, by Harrogate Hills Riding School, of campers' likeness for publicity purposes
- v. Riders new to Harrogate Hills Riding School are encouraged to have an assessment in order to ensure proper summer placement.

(Our insurance policy requires that we also must ask you to fill out the separate, enclosed waiver and return it with your registration. Thanks.)

Name of Parent/Guardian (please print): _____

Signature of Parent/Guardian: _____

Date: _____

How did you hear about Harrogate Hills Summer Camp? _____

Did someone tell you about our program? Name: _____