



2024 Summer Riding Camp Registration Form

Name of rider: _____ Age as of July 1st, 2024: _____

Health Card Number: _____ (Optional)

Number and Street: _____ City: _____

Postal Code: _____

Home Phone: _____ Mother's Cell Phone: _____

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

Email Contact: _____

PLEASE NOTE: Registrations cannot be finalized unless accompanied by a completed registration form.

Session	Dates	Number of Days	Check here
Session 1	July 2 – July 5	4 days	
Session 2	July 8 – July 12	5 days	
Session 3	July 15 – July 19	5 days	
Session 4	July 22 – July 26	5 days	
Session 5	July 29 – August 2	5 days	

No riding experience is necessary but please check any of the descriptions below that reflect your child's riding history. It helps us place your child in the right group on the first day. 😊 Thanks.

I've never ridden a horse or pony.	
I've been on a trail ride.	
I've been to riding camp.	
I've had some riding lessons.	
I can walk and trot without assistance.	
I can walk, trot, and canter without assistance.	
I've done some jumping.	

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 Harrogate Hills Summer Camp for the child named above 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 camper's likeness for publicity purposes.

Riders new to Harrogate Hills Riding School are encouraged to have an assessment to ensure proper summer placement.

(Our insurance policy requires that a separate, enclosed waiver is filled out and returned with your registration.)

Name of Parent/Guardian (Please print): _____

Signature of Parent/Guardian: _____

Date: _____

How did you hear about Harrogate Hills Summer Camp?
