



P.A. Day Camp Registration Form

Name of rider: _____ Age: _____

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.

Dates	Check here
Friday, September 26	
Friday, October 24	
Friday, November 21	
Friday, January 30	

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 P.A. Day 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 P.A. Day 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 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 camp 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 P.A. Day Camp?
