



# 2016 Horse Summer Camp Registration Form

Camper & Parent's Information			
Child's First Name		Last Name	
Entering Grade (summer 2016)		Age	<input type="checkbox"/> M / <input type="checkbox"/> F
Birth Date: YYYY/MM/DD			
Child's Horse Experience: <input type="checkbox"/> N/A <input type="checkbox"/> Pony Ride <input type="checkbox"/> Trail Ride <input type="checkbox"/> Lessons			
Child's T-shirt Size: <input type="checkbox"/> S/ <input type="checkbox"/> M / <input type="checkbox"/> L			
Parent's First Name		Last Name	
Parent's First Name		Last Name	
Day time contact No.		Cell Phone No.	
Address: _____			
Street		City	Province Post Code
Email address: _____			
Camp Session			
Please select the camp session you wish to attend:			
<input type="checkbox"/> Session #1 July 4 – 8		<input type="checkbox"/> Session #5 August 8 -12	
<input type="checkbox"/> Session #2 July 11 – 15		<input type="checkbox"/> Session #6 August 15 – 19	
<input type="checkbox"/> Session #3 July 18 – 22		<input type="checkbox"/> Session #7 August 22 – 26	
<input type="checkbox"/> Session #4 July 25 – 29		<input type="checkbox"/> Session #8 August 29 – September 2	
Will you be using after child care? <input type="checkbox"/> Never <input type="checkbox"/> Some Day <input type="checkbox"/> All Session			
Do you give permission for anyone else to pick-up your child? (Please give us details)			
Emergency contact (Please list 2 people)			
First: Name/ Relationship/ number			
Second: Name/ Relationship/ number			
Child's Health Information			
Does the child have any Allergies? <input type="checkbox"/> N/A <input type="checkbox"/> YES			
<b>(If yes, please fill in Medical Information Form &amp; Food Allergy and anaphylaxis Emergency Care Plan )</b>			
Is your child currently taking medication? <input type="checkbox"/> N/A <input type="checkbox"/> YES <b>(If yes, please give us details.)</b>			

Method of Payment	
I like to do..... <input type="checkbox"/> One time full payment <input type="checkbox"/> One time deposit + one time balance payment	
I want to pay by <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Credit Card	
Credit Card Information: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Amex	
Card holder's name:	Exp. Date MM/YY
Credit Card Number:	
<b>Please Note:</b> Credit card payments for all camps will be subject to a 3% processing fee.	

Office Use Only		
<b>Please check all the form are completed. (check box)</b>		
<input type="checkbox"/> Registration Form <input type="checkbox"/> Horse Riding Waiver <input type="checkbox"/> Parent Permission & Media Release Form		
<input type="checkbox"/> Medical Information Form (If child has ANY Allergy.)		
<input type="checkbox"/> Food Allergy & anaphylactic Emergency Care Plan Form (If child has ANY Allergy.)		
Registration	Payment	Balance Due
<input type="checkbox"/> One Session	<input type="checkbox"/> \$150 deposit <input type="checkbox"/> Full payment	<input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit Card
<input type="checkbox"/> Two Session / Multi-week	<input type="checkbox"/> \$300 deposit <input type="checkbox"/> Full payment	<input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit Card
<input type="checkbox"/> Three Session / Multi-week	<input type="checkbox"/> \$450 deposit <input type="checkbox"/> Full payment	<input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit Card
<input type="checkbox"/> Four Session / Multi-week	<input type="checkbox"/> \$600 deposit <input type="checkbox"/> Full payment	<input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit Card
<input type="checkbox"/> ____ Session / Multi-week (more than 4 weeks)	<input type="checkbox"/> \$_____ deposit <input type="checkbox"/> Full payment	<input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit Card
<input type="checkbox"/> One Session / Sibling	<input type="checkbox"/> \$150 deposit <input type="checkbox"/> Full payment	<input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit Card
<input type="checkbox"/> ____ Session / Early Bird Discount	<input type="checkbox"/> Full payment	<input type="checkbox"/> Cheque # _____ <input type="checkbox"/> Credit Card
<b>Received &amp; Confirmed Date</b>		



## **Parent Permission & Media Release Form**

### **Parent Permission**

I certify that my child, \_\_\_\_\_ (print name), is healthy and free of problems that could be deleterious to his / her participation in Pathways on Pleasure Valley Horse Summer Camp (PPVHSC). In case of injury, I wish to be contacted as soon as possible at the telephone number listed above. If I cannot be reached, please contact the emergency number that I have listed above.

I also give PPVHSC permission to treat my child in the event of an emergency if I or the emergency contact cannot be contacted. In the event of serious illness or injury, and so that my child may be sent to local hospital via ambulance, I understand that I am responsible for all charges either through health insurance or otherwise.

**Pediatrician's Name and Telephone:** \_\_\_\_\_

### **Media Release**

I authorize Pathways on Pleasure Valley Horse Summer Camp (PPVHSC) to record my child \_\_\_\_\_ (print name) image and voice who participating in PPVHSC.

I understand and agree that these audio, video, film and print images may be edited, duplicated, distributed, reproduced, broadcasted, and reformatted in any form and manner without payment of fee in perpetuity.

I also give permission to PPVHSC to use the photographs, audio and video of my child for promotional purposes, including but not limited to the PPVHSC web site, Annual Report, Newsletter, Summer Camp Guide, and other marketing and communication materials.

I do authorize.

I do not authorize.

**Signature** \_\_\_\_\_ **Relationship to child** \_\_\_\_\_ **Date** \_\_\_\_\_



**EQUESTRIAN ACTIVITIES**  
**WAIVER AND RELEASE OF LIABILITY**

In consideration of being allowed to participate in any way in **PATHWAYS ON PLEASURE VALLEY INC. (2499 Brock Rd., Uxbridge, Ontario, L9P 1R4)** equestrian program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **PATHWAYS ON PLEASURE VALLEY INC.**, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event ("Releases"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X \_\_\_\_\_ Print Name: \_\_\_\_\_  
PARTICIPANT'S SIGNATURE

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

X \_\_\_\_\_ Date Signed: \_\_\_\_\_  
WITNESS

**FOR PARTICIPANTS OF MINORITY AGE**  
**(UNDER AGE 18 AT TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the releases, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify the releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above.

X \_\_\_\_\_  
PARENT/GUARDIAN'S SIGNATURE                      EMERGENCY PHONE NUMBER

X \_\_\_\_\_  
WITNESS



## Medical Information Form

### **SECTION 1- Required**

#### Medical Information

Participant's full legal name:	
Birth date:	
Parent phone (home):	Parent phone (work):
Parent phone (cell):	
Mailing address:	
Primary care physician's name:	
Physician's phone:	
Physician's address:	

#### **INFORMATION NEEDED ABOUT PARTICIPANT (Required):**

YES	NO	If yes, please list / explain below. Attach additional sheets if needed.
		Does the participant have any chronic health problem or illness?
		Does he or she have any acute illness now?
		Has the participant been treated recently for some medical problem?
		Is the participant taking any medications for treatment of a medical problem?
		Does the participant have any allergies to medication or local anesthetics?
		Does he or she have any allergies?

Date of child's last tetanus shot: \_\_\_\_\_

#### **HEALTH INSURANCE INFORMATION (Strongly Encouraged):**

Policy holder's name and relationship to participant: \_\_\_\_\_

Policy holder's address: \_\_\_\_\_

Please attach a photocopy of both side of your insurance card (preferred) OR complete the information requested here:

Insurance company phone number: (\_\_\_\_\_) \_\_\_\_\_

All policy number (please identify): \_\_\_\_\_

If you have HMO insurance, please list emergency treatment authorization phone number:

(\_\_\_\_\_) \_\_\_\_\_

Employer's name and address: \_\_\_\_\_

**SECTION 2- Required**

**Official Medical Treatment Authorization**

I recognize that while attending this program, medical treatment on an emergency basis may be necessary for my child, and I further recognize that volunteers or staff overseeing the program may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the circumstances and to assume the expenses of such care. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.

**Parent / Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Participant must sign if over 18.