



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			
(If yes, please fill in Medical Information Form & Food Allergy and anaphylaxis Emergency Care Plan)			
Is your child currently taking medication? <input type="checkbox"/> N/A <input type="checkbox"/> YES (If yes, please give us details.)			

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:	
Please Note: Credit card payments for all camps will be subject to a 3% processing fee.	

Office Use Only		
Please check all the form are completed. (check box)		
<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
Received & Confirmed Date		



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** _____



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.