



2018 Horse Summer Camp Registration Form

Camper & Parent's Information			
Child's First Name:		Last Name:	
Entering Grade (Fall 2018):		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"/> Lesson			
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 3 rd – 6 th		<input type="checkbox"/> Session #5 July 30 th – Aug 3 rd	
<input type="checkbox"/> Session #2 July 9 th – 13 th		<input type="checkbox"/> Session #6 Aug 7 th – 10 th	
<input type="checkbox"/> Session #3 July 16 th – 20 th		<input type="checkbox"/> Session #7 Aug 13 th – 17 th	
<input type="checkbox"/> Session #4 July 23 rd – 27 th		<input type="checkbox"/> Session #8 Aug 20 th – 24 th	
Will you be using after child care? <input type="checkbox"/> Never <input type="checkbox"/> Some Days <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? N/A YES (If yes, please fill in Medical Information Form & Food Allergy and anaphylaxis Emergency Care Plan)			
Is your child currently taking medication? N/A YES (If yes, please give us details.)			



Parent Permission & Media Release Form

Parent Permission

I certify that my child, _____ (print name), is healthy and free of problem 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 previous.

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's _____ (print name) image and voice while 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 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 KONWINGLY 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 term 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 VALLET 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 SUBSTANIAL 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 _____ 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.