SUMMER DAY CAMP

REGISTRATION FORM 2011

Please print clearly

CHILD'S NAME _____

SEX _____ AGE _____ RIDING EXPERIENCE_____

DATE OF BIRTH(day/month/year)_____HEALTH CARD NUMBER _____

MEDICAL CONCERNS OR OTHER _____

PARENT'S FULL NAME (print)_____

ADDRESS _____

CITY _____ POSTAL CODE_____

TELEPHONE NUMBER (Home) _____ (Mother Business) _____

(Father Business) _____

EMERGENCY CONTACT (Name)_____ (Telephone Number)_____

Pick up address if different than home address_____

E-MAIL ADDRESS _____Confirmation will be sent to you by e-mail. Please complete!!!

1. [ ] July 4 – July 8	Cost $325.00	**[ ] Yes, transportation is required**
2. [ ] July 11 – July 15	Cost $325.00	**[ ] Yes, transportation is required**
3. [ ] July 18 – July 22	Cost $325.00	**[ ] Yes, transportation is required**
4. [ ] July 25 – July 29	Cost $300.00	**transportation not available**
5. [ ] August 2 – August 5	Cost $240.00	**transportation not available / 4 day week**
6. [ ] August 8 – August 12	Cost $325.00	**[ ] Yes, transportation is required**
7. [ ] August 15 – August 19	Cost $325.00	**[ ] Yes, transportation is required**
8. [ ] August 22 – August 26	Cost $300.00	**transportation not available**

[ ] Please indicate if you would like us to pass your information along to other students for the purpose of car pooling.

*The bus route is set one week prior to your session of Camp. You will be contacted 4 days prior with the pick up time and location.

DISCOUNT: **$25.00** (for second sibling or attending a second week)
Discount does not apply for students not requiring transportation

DEPOSIT: **$100.00 per week per child.** (Deposit is non-refundable)

Agreement For Acceptance Of Risk And Waiver Of Liability

I request permission for my child to participate in horseback riding and other equestrian related activities organized and operated by Riverview Stables Inc. I fully understand that horseback riding, handling, grooming of horses, and other stable activities can be very dangerous. I wish for my child to participate in these activities knowing that they can be dangerous. I represent and warrant that I have the authority to give this release.

I also understand that while participating in this high-risk sport, it is mandatory that an ASTM approved helmet be worn while mounted by all riders under the age of 18 years. By not wearing proper safety headgear, I fully accept all responsibilities for my child's action.

I accept and assume all risk of injury to my child or my property.

In exchange for my child being permitted to participate in these activities, for my child, myself, my child's heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kind against Riverview Stables Inc., officials, servants, employees, representatives, officers, and/or directors for any injury to my child or any damage to my property, arising out of my child's participation in these horseback riding or related activities.

I acknowledge as parent/Guardian of _____ that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns. I have read and will follow all policies set by Riverview Stables Inc. including lesson policies on payment, missed lessons, attire, and stable rules.

_____ _____ _____

Signature of Parent or Guardian Print Name Date

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