

Pine Hollow Stables Summer Day Camp Registration Form 2012

Child's Name _____ Age _____ OHIP# _____

Address: _____

City: _____ Postal Code _____

Phone# _____ Bus.# _____

Parent's Name _____

Email: _____ Cell# _____

Please specify any allergies: _____

Emergency contacts _____

PLEASE SPECIFY WEEK(S) THAT YOU ARE REGISTERING FOR: Also mark your 2nd choice if first choice
Is cancelled

July 2 - July 6th

July 9 - July 13th

July 23 - July 27th

August 13 - 17th

August 20 - 24th

Non-refundable deposit of \$50.00 per child per camp is required

Camps will only run with 6 campers/if camp is cancelled you will be given a 2nd choice

LEVEL OF RIDING **Beginner** **Intermediate** **Advanced**

Child's riding experience(please explain): _____

General Release-Please read and sign

I/We hereby agree to assume all responsibilities and risk from the use and rental of riding horses from Pine Hollow Stables and further agree to hold Pine Hollow Stables, teachers, counselors, assistant counselors, trainers, employees and volunteers free from all damages of liability for any injury to person or property arising as a result of use, rental or lesson, of said horses or equipment or while staying at Pine Hollow Stables.

Date: _____ Print Name: _____

Signature(of Parent or Legal Guardian if under 18 years of age) _____