

Pine Hollow Stables Summer Day Camp Registration Form 2010

Child's Name: _____ Age: _____ OHIP #: _____

Address: _____

City: _____ Postal code: _____

Phone #: _____ Bus. #: _____

Parent's Names: _____

Email: _____

Please specify any allergies: _____

Favorite foods: _____

Please specify the week(s) that you are registering for:

<input type="checkbox"/>	June 28- July2	THEME'S TO BE ANNOUNCED
<input type="checkbox"/>	July 5 – 9	
<input type="checkbox"/>	July 12 – 16	
<input type="checkbox"/>	July 19 – 23	
<input type="checkbox"/>	July 26 – 30	
<input type="checkbox"/>	No camp this week	
<input type="checkbox"/>	Aug 9 – 13	
<input type="checkbox"/>	Aug 16 – 20	
<input type="checkbox"/>	Aug 23 – 27	
<input type="checkbox"/>	Aug 30 – Sept 3	

Level of Riding (please check one) 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): _____