



Forward Riding School at Pause Awhile Equestrian Centre 2020 Camp Registration Form

Camper's Name: _____ Date of Birth D ___ / M ___ / Year ___

Parents Name: _____

Address: _____

City: _____ Postal Code _____ Email _____ @ _____

Telephone (primary) _____ secondary _____ Other _____

	Camp Date	Cost	Total
Strike Camp	February 21, 2020	96.00	
Easter Monday Camp	April 13, 2020		
PA Day Camp – York Region	June 1, 2020		
PA Day Camp - TDSB	June 5, 2020		
Camp Sub Total			
Less 5% on camps when 2 or more camps are purchased at the same time			
Extended Hours per day (8:30-4:30)		\$20/day	
Helmet Rental		\$15/day	
Ball Cap, T-shirt, Beanie		\$20.00	
Hoodie		\$40.00	
Sub Total			
13% HST			
Total			

** A minimum of 4 campers are required for each camp week to proceed.*

Conditions:

1. Payment is required to secure your spot in camp by etransfer, check, cash or credit card only. (Credit add 3%)
2. It is inevitable that every rider will sustain a fall. Therefore, we require that if you have any condition which could be aggravated by a fall, you must consult your physician before commencing any equestrian activity.
3. All students must supply themselves with the following:
ASTM approved riding helmet, long pants, boots with a flat sole and low heel (less than 1")
4. Camps cancelled or missed with less than 48 hours notice are forfeit. No exceptions _____ **initial**
5. Camp cancellations within 15 business days prior to the start of camp are subject to a 20% fee. _____ **initial**
6. Camps are a personal reservation and are non-refundable and non-transferable.
7. The School reserves the right to terminate any students' camp at its sole discretion.
Any such cancellation will result in a full refund of camp on balance at the time of termination.
8. A waiver and registration form must be signed by each rider
9. I consent to receiving emails from Forward Riding School regarding subjects including, but not limited to: schooling shows, clinics and camps, road closures, diversions and weather. I understand that I can opt out of receiving such emails by sending an email to forwardridingschool@gmail.com with the subject "unsubscribe". Emails will not be sold, distributed or used for any other purpose that to contact clients of the Forward Riding School. _____ **Initial**



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Emergency Information

Health card number (optional) _____

Physician's Name _____ Phone Number _____

Any allergies, perceptual or physical difficulties? _____

Do you require anaphylactic medication? No Yes, please complete the Anaphylactic Reaction Protocol Form

Are you on medication that would affect your ability to ride? _____

Person to be contacted _____ relation to rider _____

Telephone (primary) _____ secondary _____ Other _____

I authorize all medical and surgical treatment, x-ray, laboratory, anaesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies ONLY in the event that neither parent/guardian can be reached in the case of an emergency.

Signature of Rider _____ Date D ___ / M ___ / Year ___

Signature of Parent/Guardian _____ Date D ___ / M ___ / Year ___

Information

How did you hear about Forward Riding School? _____

When was the last time you were on a horse? _____