



Forward Riding School at Pause Awhile Equestrian Centre
June 2, 2022 PA Day Camp Registration Form
HST# 76083 4523 RP0001

Rider's Name: _____ Date of Birth D___ / M___ / Year___

Parents Name: _____

Address: _____

City: _____ Postal Code _____ Email _____ @ _____

Telephone (primary) _____ secondary _____ Other _____

Conditions

1. 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.
2. 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")
3. Camp must be booked and paid for in advance by etransfer or visa/debit only.
4. Camp cancelled after May 26, 2022 will be forfeited.
5. Camp cancelled between May 19-25, 2022 will be subject to a 20% fee.
6. Camp is a personal reservation and is non-refundable and non-transferable
7. The School reserves the right to terminate any students' camp or lesson at its sole discretion.
8. A waiver and registration form must be signed by each rider
9. I consent to receiving emails from Forward Riding School and/or Pause Awhile Equestrian Centre 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.

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 or Parent/Guardian _____ Date D___ / M___ / Year___

How did you hear about Forward Riding School? _____