



Summer Camp Registration Form

2010

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Please print clearly and use one form for each camper. Incomplete registration forms or forms without a deposit will not be processed. Mail or drop off completed registration forms to:

Brightwater Equestrian Centre, 9575 5th Sideroad, Erin ON N0B 1T0

CAMPER INFORMATION

Gender F M

Camper's First Name _____

Camper's Last Name _____

() _____

Camper's Home Phone Number _____

Current Grade _____

Date of Birth

Month

Day

Year

Camp Choices

Summer Riding Camps

FOR KIDS AGED 7-14

\$275 Per Week (GST included)

Select weeks desired

- July 5 – July 9
- July 19 – July 23
- August 2 - August 6
- August 16 – August 20

March Break Riding Camps

FOR KIDS AGED 7-14

March 15 – 19 \$275 Per Week (GST included)

- Regular March Break Riding Camp
- Horse Show "Boot Camp"

HOW TO CALCULATE THE COST

Camp Fees	Price	Deposit	=	Balance
\$ _____	-	_____	=	\$ _____

Tax Receipt Required

Tax receipts will be issued by email ONLY. Please provide:

Name to appear on the tax receipt

Email address to which the tax receipt will be sent
(The email address provided above will be used for purposes of sending a tax receipt only.)

PAYMENT

By cash or cheque only (PLEASE DO NOT MAIL CASH)
A \$75 deposit must be submitted with the completed registration form, and the balance paid no later than the first day of camp – NO EXCEPTIONS.

Make cheque payable to: Brightwater Equestrian Centre
NSF cheques subject to a \$30 administration fee.

REGISTERING PARENT / GUARDIAN INFORMATION

Have you previously registered at Brightwater?

Yes No

Relationship:

Mother Father Other: _____

() _____

Evening Phone Number _____

First Name _____

Last Name _____

Address _____

City _____

Province _____

Postal Code _____

() _____

Daytime Phone Number _____

Extension _____

() _____

Fax Number _____

() _____

Cell Number _____

Email Check here if you would prefer not to receive future emails announcing upcoming Brightwater camps and/or events.

SECOND PARENT / GUARDIAN INFORMATION

Relationship:

Mother Father Other: _____

() _____

Evening Phone Number _____

First Name _____

Last Name _____

Address _____

City _____

Province _____

Postal Code _____

() _____

Daytime Phone Number _____

Extension _____

() _____

Fax Number _____

() _____

Cell Number _____



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Camper's First Name

Camper's Last Name

CANCELLATION / MODIFICATION POLICY

No refunds for cancellations after June 1, 2010. Cancellations prior to June 1, 2010, and all modifications, are subject to a \$30 administration fee. No refunds will be given for days that a camper is absent from camp and missed days cannot be made up. Requests for a refund for medical reasons must be received prior to the end of your child's scheduled week of camp and accompanied by a doctor's note. A partial refund may be considered in these cases.

Brightwater Equestrian Centre reserves the right to terminate the registration of any camper, if, in the opinion of the Management, it is in the best interest of the camper or the camp. If Brightwater Equestrian Centre terminates a camper's registration, a proportional refund will be considered.

MEDICAL INFORMATION

OHIP Number

Please describe any allergies, dietary needs or medical conditions of your child.

None

Please describe any special needs (e.g. behavioural issues, physical and/or learning disabilities, etc.) of your child.

None

Please provide any further information that may be helpful to camp staff with regards to your child. Attach additional sheets if necessary.

EMERGENCY CONTACT

Emergency contact if the parent(s)/guardian(s) cannot be reached:

Print Name

()

Daytime Phone Number

PERSONS AUTHORIZED TO PICK UP CAMPER

Brightwater Equestrian Centre may release my child into the care of the following individual(s) during the camp day or at the end of the camp day. Only those people listed here as well as myself, the registering parent/guardian, will be able to pick up my child. If applicable, please list second parent/guardian's name below. The individuals may be asked to show their own personal identification, in which case each name listed here must match the name on the identification. Please print clearly.

1. _____
First Name Last Name

2. _____
First Name Last Name

3. _____
First Name Last Name

CONSENT FORM AND MEDICAL CONSENT STATEMENT

I agree that as a participant or the parent/guardian of a child who is a participant in a Riding Camp at Brightwater Equestrian Centre, I and / or my child will participate in horse-related and other activities in the barn and around the property, including the arena, barnyard, paddocks and adjacent forest and pond areas.

I acknowledge that riding horses is a high risk sport and that I and / or my child are participating at our own risk and in full knowledge that there is some element of risk that an accident could occur and result in injury or death. I agree that the choice to participate brings with it the assumption of those risks and results that are part of these activities.

I further agree that Brightwater Equestrian Centre, any people associated with Brightwater Farm and Brightwater Equestrian Centre shall in no way be held liable for any loss or damage to personal property or any accidents, loss, death or bodily injury of any kind arising from, or in any way resulting from, my child's participation in these activities.

I have provided Brightwater Equestrian Centre with all the necessary medical information and can be reached at the number(s) listed. I authorize Brightwater Equestrian Centre to administer first aid to my child and to secure medical care for my child in an emergency as deemed appropriate by the attending physician(s).

Print Name of Parent / Guardian

Signature of Parent / Guardian