



# CAMP APPLICATION

- Pony Pals   
  Hot To Trot   
  In the Ribbons   
  Rider Level Testing  
 Western Riders Only   
  March Break Camp

Date \_\_\_\_\_

R.R.#3 Bancroft, Ontario K0L 1C0 (613) 339-2395 info@halladaysequine.com

## Camper Information

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age as of July 1st \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Home Address \_\_\_\_\_

Postal Code \_\_\_\_\_ Home phone \_\_\_\_\_ E-mail address \_\_\_\_\_

Mother's name and work phone number \_\_\_\_\_

Father's name and work phone number \_\_\_\_\_

Health Card Number \_\_\_\_\_ Date of last physical exam \_\_\_\_\_

Person to call in case of an emergency should parents be unavailable \_\_\_\_\_

Relationship \_\_\_\_\_ Home Phone \_\_\_\_\_ Business phone \_\_\_\_\_

Allergies/Medications/Dietary Concerns  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any behavioral issues that our staff should be aware of? If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please check all that apply:*

## Riding Information

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> I only ride at Halladay's camp        | <input type="checkbox"/> I ride western           | <input type="checkbox"/> I have jumped before (on purpose!!)                                   |
| <input type="checkbox"/> I am afraid of horses                 | <input type="checkbox"/> I ride English           | <input type="checkbox"/> I take regular weekly riding lessons                                  |
| <input type="checkbox"/> I can tack my own horse               | <input type="checkbox"/> I can trot with a leader | Location _____   |
| <input type="checkbox"/> I have only ridden a few times before | <input type="checkbox"/> I can trot by myself     | <input type="checkbox"/> I have horses at home   |
|  | <input type="checkbox"/> I can canter             | <input type="checkbox"/> I have achieved Equine Canada's Rider Level 1 (or higher) certificate |

### Participant Agreement and Acknowledgement of Risk

I desire my child to participate in the full camp program and all activities, unless I advise you otherwise in writing. I understand that horseback riding is a dangerous sport. Knowing this, I agree that Halladay's Equine, its owners and staff shall not be held responsible for any injury or sickness (including death) to my child that occur while attending this camp.

No reduction in fees is allowed for campers arriving late or leaving early in the days or weeks they are registered.

Should my child require medical attention, I give consent for him/her to receive examination and treatment. All reasonable attempts will be made to contact the parent or guardian prior to treatment.

Parent or Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_

### Photo Release

I give my permission for Halladay's Equine to photograph my child and, on occasion, use my child's photo for advertising and promotional purposes. These may include newspaper articles, brochures, web site pages and newsletters.

Parent or Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_