



CAMP APPLICATION

- Pony Pals
 Hot To Trot
 In the Ribbons
 Rider Level Testing
 Barn/Gym Combo
 March Break Camp

Date _____

28217 Hwy 28 S., 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 behavioural 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 _____