



WaterStone

Estate & Farms

# SUMMER CAMP 2011 REGISTRATION FORM

Rider's Full Name \_\_\_\_\_

Age \_\_\_\_\_ Male\_\_\_ Female\_\_\_

Date of Birth (m/d/y) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

\_\_\_\_\_

Rider's Health Card Number \_\_\_\_\_

Does camper have horseback riding experience \_\_\_\_\_

If yes, how many years \_\_\_\_\_ Type of Riding ENGLISH\_\_\_ WESTERN\_\_\_

July 4-8\_\_\_ July 11-15\_\_\_ July 18-22\_\_\_ July 25-29\_\_\_

August 1-5\_\_\_ August 8-12\_\_\_ August 15-19\_\_\_ Aug 22-26\_\_\_

9AM to 4PM Monday to Friday

Please bring lunch and snacks

\$330 + tax - payable by Cheque\_\_\_\_\_ Cash\_\_\_\_\_ Visa \_\_\_\_\_

## MEDICAL INFORMATION

Family Doctor's Name \_\_\_\_\_

Doctor's Address \_\_\_\_\_

Doctor's Phone Number \_\_\_\_\_

Emergency Contact Person (Name and Relationship)

\_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Allergies (Please list any allergies the rider may have)

\_\_\_\_\_

\_\_\_\_\_

Current Medication - Does your child have any medical or psychological conditions of which we should be informed? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, please attach a detailed description.

Food - Does your child have any dietary restrictions other than allergies?

\_\_\_\_\_

\_\_\_\_\_ NAME OF PARENT/GUARDIAN

\_\_\_\_\_ SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_ DATE

17900 Dufferin Street, Newmarket, Ontario, L3Y 4V9

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