

HORSES AT HEART

SUMMER CAMP 2018

REGISTRATION FORM

Rider's Full Name

Age _____ Male _____ Female _____

Date of Birth (m/d/y)

Address _____

City _____ Postal

Code _____

Phone 1 _____ Phone

2 _____

Email

Parent/Guardian Names

Alternate Emergency Contact Person (Name and Relationship) and
phone

Does camper have horseback riding

experience _____

If yes, how many years _____ Type of Riding ENGLISH _____

WESTERN _____

I would like to register for the following week/weeks:

July 9 - 13 _____ July 16-20 _____ July 23-27 _____

July 30-Aug 3 _____ Aug. 13-17 _____ Aug. 20-24 _____

9AM to 4PM Monday to Friday
\$600 + HST for 2 week session, \$350 + HST for 1 week session
Please bring lunch and snacks

payable by Cheque _____ Cash _____ Internet
Transfer _____

PAGE 2

MEDICAL INFORMATION

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 provide a detailed description.

SIGNATURE OF PARENT/GUARDIAN

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DATE

17900 Dufferin Street, Newmarket, Ontario, L3Y 4V9
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