

Name of Camper: _____ Male or Female D.O.B : _____

Height: _____ Weight: _____ Health Card: _____

Name of Camper's Parents/Guardian: _____

Home Address (Inc. Postal Code): _____

_____ Email Address: _____

Phone: () _____ Work: () _____

Other Contact for Emergency: _____ Phone: () _____

1) Does the Camper have previous riding experience? Please describe:

HEALTH INFORMATION

1) Does the camper have a disability? If yes, please describe- If required, please continue description on the back of this form

1b) Camper will be bringing a wheelchair _____ Camper will be bringing a walker _____

Does she/he require 1-on-1 assistance for physical or behavioural reasons? Yes _____ No _____

***Please note: campers requiring 1-on-1 assistance for any reason must provide their own support worker.**

2) Does the Camper have asthma, allergies, diabetes, contact lenses, recent operations, or any other medic alerts? Please describe:

3) Will the camper be on any medication while at camp? Please describe:

(If to be administered at camp, please provide detailed instructions.)

PARENTAL AUTHORIZATION

1) If I cannot be reached, I authorize the medical treatment of my child by medical professionals or the trained camp staff (in the event of emergency). Routine, minor treatment by staff is also permitted.

Name: _____ Signature: _____ Date: _____

2) Recognized that all reasonable, professional safety standards will be observed by the camp staff and volunteers, and that Camp Pride has a consistent and thorough safety record, I hereby agree that my child participates in Camp Pride at his/her own risk and agree to hold harmless the C.O.D.R.P., the staff, volunteers, all others associated with Camp Pride.

Name: _____ Signature: _____ Date: _____

PLEASE CIRCLE DESIRED SESSIONS:

- 1) JUNE 29 – JULY 3 - Mornings ONLY 2) JULY 6 - 10 3) JULY 13 - 17 4) JULY 20 - 24
5) AUG 4 - 7 (4 days ONLY) 6) AUG 10 - 14 7) AUG 17 - 21

Camp Pride T-Shirts are included in your registration fee (please let us know your child's approximate t-shirt size)

ADULT SIZES: (circle) *MEDIUM or LARGE* YOUTH SIZES: (circle) *SMALL or MEDIUM or LARGE*

CAMP HOURS: 8:30 - 4:00 (MONDAY - FRIDAY)

EXTRA HOURS (8:00 - 5:00) FOR \$7/DAY (\$35/WEEK) PER CHILD: YES OR NO

* TOTAL COST FOR THIS CAMPER: _____ Session(s) AT \$300.00 Per Session = _____

** Cost for week 5 is \$240.00, this is a 4 day camp week ONLY

** Cost for week 1 is \$150.00 this is a Mornings ONLY camp week 9am - noon

EXTRA HOURS @ \$35.00 TOTAL = _____

Final Total - Payable to Pride Stables = _____

If applicable: I will be sending a support worker with my child _____

- I have enclosed a cheque payable to Central Ontario Developmental Riding Program/Pride Stables
 I prefer to use my credit card (VISA or MasterCard)

Card No. _____

Expiry date _____

Card holder Name: _____

Signature _____

Date: _____

Please note, Campers places are guaranteed ONLY when payment, registration and insurance forms are COMPLETE and received at the Pride Stables Office.

“CAMP PRIDE”

RECOMMENDED FOR KIDS AGES 6-12

WE PROVIDE: RIDING HELMETS * Trained Staff & Volunteers* FRIENDLY HORSES * LOTS OF FUN

Please send with your child:

lunch and snacks, water bottle, hat, sunscreen, a change of clothes and
BOOTS (1/2" HEEL) Rubber Boots are fine for riding

IF YOU HAVE ANY QUESTIONS PLEASE DON'T HESITATE TO CALL

Pride Stables/Central Ontario Developmental Riding Program

584 Pioneer Tower Road, Kitchener, Ontario N2P 2H9

Phone (519) 653-4686 Fax (519) 653-5565

E-Mail info@pridestables.com Website www.pridestables.com

Registered Charity #118843564 RR0001

ACKNOWLEDGMENT of RISK and RELEASE of LIABILITY – “For Participants Not 18 Years Old”

Please Print Clearly

Infant Participant’s Name: _____ Date of Birth: _____

Infant’s Address: _____ City: _____ Prov: _____ Postal: _____

Guardian’s Name: _____

Guardian’s Address: _____ City: _____ Prov: _____ Postal: _____

E-mail _____

The Guardian must Read and Understand prior to the Infant Participating in Equine Activities

TO: **Pride Stables / Central Ontario Developmental Riding Program (CODRP)** their directors, employees, officers, volunteers, business operators, and site property owners (All of them collectively called the HOST)

Initial each item below After Reading and Understanding the item

- ____ **1. I am the Parent and/or Legal Guardian of the infant Participant** named above and am executing this form on behalf of the infant Participant in my capacity as parent and/or guardian and with **the intent that this form be binding on myself and infant Participant for all legal purposes.**
- ____ **2. I Understand** there are Inherent **DANGERS, HAZARDS and RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these “**RISKS**” are a common occurrence.
- ____ **3. I Acknowledge** that the Inherent “**RISKS**” of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**
 - The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.
 - The unpredictability of an equine’s reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
 - The potential for other participant(s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.
- ____ **4. I Freely Accept and Fully Assume All Responsibility** for the Inherent “**RISKS**” and the possibility of personal injury, death, property damage or loss which might result from the infant being a Participant.
- ____ **5. I Acknowledge** that it remains my **Sole Responsibility** for the safety of the infant Participant and for the infant to Participate within his/her own limits.
- ____ **6. In addition to consideration given for the infant to Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”)** agree
 - **To Waive All Claims that I or the Infant Participant might have against the “HOST”;** and
 - **To Release the “HOST” from Any and All Liability** for any loss, damages, injury, or expense that I, the Infant Participant or our “Legal Representatives” might suffer as a result of the infant’s participation due to any cause **including any NEGLIGENCE ON THE PART OF THE “HOST”;** and
 - **To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to the Infant Participant or to any third party which might result from the infant’s participation.

Before signing this form, I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our “Legal Representatives” might have against the “HOST”. SIGNED This _____ day of _____ 20

Heather MacKneson Executive Director c/o CODRP
Print name of Host

(Signature of Participant)

(Witness to signing and initialing)

(Signature of Parent/Guardian)

Do Not Sign until you Understand All Items Above