



Summer Camp Registration Form

2012
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Please print clearly and use one form for each camper. Incomplete registration forms or forms without a deposit will not be processed. Mail or drop off completed registration forms to:

Brightwater Equestrian Centre, 9575 5th Sideroad, Erin ON N0B 1T0

CAMPER INFORMATION

Gender F M

Camper's First Name _____

Camper's Last Name _____

() _____

Camper's Home Phone Number _____ Current Grade _____

Date of Birth - -
Month Day Year

Camp Choices

March Break Riding Camp

FOR KIDS AGED 7-14

\$275.00 Per Week (HST included)

March 12 – 16

Summer Riding Camps

FOR KIDS AGED 7-14

\$275.00 Per Week (HST included)

Select week(s) desired:

- July 2 – July 6 (**Advanced Show Camp - \$375**)
- July 16 – July 20
- July 30 – August 3
- August 13 – August 17
- August 27 – August 31

HOW TO CALCULATE THE COST

	Price	Deposit	Balance
Camp Fees	\$ _____	- _____	= \$ _____

Tax Receipt Required

Tax receipts will be issued by email ONLY. Please provide:

Name to appear on the tax receipt

Email address to which the tax receipt will be sent
(The email address provided above will be used for purposes of sending a tax receipt only.)

PAYMENT

By cash or cheque only (PLEASE DO NOT MAIL CASH)
A \$75 deposit must be submitted with the completed registration form, and the balance paid no later than the first day of camp – NO EXCEPTIONS.

Make cheque payable to: Brightwater Equestrian Centre
NSF cheques subject to a \$30 administration fee.

REGISTERING PARENT / GUARDIAN INFORMATION

Have you previously registered at Brightwater?

Yes No

Relationship:

Mother Father Other: _____

() _____

Evening Phone Number _____

First Name

Last Name

Address

City Province Postal Code

() _____
Daytime Phone Number Extension

() _____
Fax Number Cell Number

Email Check here if you would prefer not to receive future emails announcing upcoming Brightwater camps and/or events.

SECOND PARENT / GUARDIAN INFORMATION

Relationship:

Mother Father Other: _____

() _____

Evening Phone Number _____

First Name

Last Name

Address

City Province Postal Code

() _____
Daytime Phone Number Extension

() _____
Fax Number Cell Number



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Camper's First Name

Camper's Last Name

CANCELLATION / MODIFICATION POLICY

No refunds for cancellations after June 1, 2012

Cancellations prior to June 1, 2012, and all modifications, are subject to a \$30 administration fee. No refunds will be given for days that a camper is absent from camp and missed days cannot be made up. Requests for a refund for medical reasons must be received prior to the end of your child's scheduled week of camp and accompanied by a doctor's note. A partial refund may be considered in these cases.

Brightwater Equestrian Centre reserves the right to terminate the registration of any camper, if, in the opinion of the Management, it is in the best interest of the camper or the camp. If Brightwater Equestrian Centre terminates a camper's registration, a proportional refund will be considered.

MEDICAL INFORMATION

OHIP Number

Please describe any allergies, dietary needs or medical conditions of your child.

None

Please describe any special needs (e.g. behavioural issues, physical and/or learning disabilities, etc.) of your child.

None

Please provide any further information that may be helpful to camp staff with regards to your child. Attach additional sheets if necessary.

EMERGENCY CONTACT

Emergency contact if the parent(s)/guardian(s) cannot be reached:

Print Name

() _____

Daytime Phone Number

PERSONS AUTHORIZED TO PICK UP CAMPER

Brightwater Equestrian Centre may release my child into the care of the following individual(s) during the camp day or at the end of the camp day. Only those people listed here as well as myself, the registering parent/guardian, will be able to pick up my child. If applicable, please list second parent/guardian's name below. The individuals may be asked to show their own personal identification, in which case each name listed here must match the name on the identification. Please print clearly.

1. _____

First Name

Last Name

2. _____

First Name

Last Name

3. _____

First Name

Last Name

CONSENT FORM AND MEDICAL CONSENT STATEMENT

I agree that as a participant or the parent/guardian of a child who is a participant in a Riding Camp at Brightwater Equestrian Centre, I and / or my child will participate in horse-related and other activities in the barn and around the property, including the arena, barnyard, paddocks and adjacent forest and pond areas.

I acknowledge that riding horses is a high risk sport and that I and / or my child are participating at our own risk and in full knowledge that there is some element of risk that an accident could occur and result in injury or death. I agree that the choice to participate brings with it the assumption of those risks and results that are part of these activities.

I further agree that Brightwater Equestrian Centre, any people associated with Brightwater Farm and Brightwater Equestrian Centre shall in no way be held liable for any loss or damage to personal property or any accidents, loss, death or bodily injury of any kind arising from, or in any way resulting from, my child's participation in these activities.

I have provided Brightwater Equestrian Centre with all the necessary medical information and can be reached at the number(s) listed. I authorize Brightwater Equestrian Centre to administer first aid to my child and to secure medical care for my child in an emergency as deemed appropriate by the attending physician(s).

Print Name of Parent / Guardian

Signature of Parent / Guardian