

ST. ANDREWS STABLES CAMP REGISTRATION FORM

Cost \$320 + GST

CAMPER NAME: _____ AGE _____

ADDRESS: _____

CITY: _____ POSTAL CODE _____

PHONE NUMBER: _____ PARENT'S NAME(S): _____

RIDING EXPERIENCE: _____

HOW DID YOU LEARN ABOUT THE OUR HORSE CAMP? _____

MEDICINES/ MEDICAL/ ALLERGIES/ BEHAVIORAL INFO COUNSELORS NEED TO BE AWARE OF:

EMERGENCY CONTACT: NAME _____ PHONE _____

Conditions of Enrollment

1. St Andrews Stables (SAS) reserves the right to dismiss a camper who in their opinion is a hazard to the safety and rights of others, or who appears to have rejected the reasonable controls of the camp. If this occurs, the fee is non-refundable.
2. SAS has permission to use photos/video of the camper for promotional materials
3. I, recognizing SAS will do its part to provide well trained staff and a safe environment, agree to assume all risks, and to release, indemnify, and save harmless SAS and its employees and representatives (on whose behalf this agreement is made) from any injury, or loss that may occur to the camper or campers property.
4. I herewith give consent for SAS to secure medical treatment for the camper while in care to arrange for professional medical treatment in the event of an emergency. I give permission for qualified staff to administer an EpiPen if needed.

SIGNATURE OF PARENT/GUARDIAN _____ DATE _____

Date of camp _____ Deposit _____ Amount due _____ Paid _____