



Summer Camp

Registration Form 2019

Child's Name _____

Sex _____ Age _____ Riding Experience _____

Date of Birth (day/month/year) _____ Health Card Number _____

Medical Concerns or Other _____

Parent's Full Name (print) _____

Address _____

City _____ Postal Code _____

Telephone Home: _____ Cell: _____

E-mail Address _____

**Confirmation will be sent by email, please complete! **

***Please indicate bus pick up location if attending July 8-12 or July 15-19: _____

- 1. Orleans (locations determined prior to camp)
- 2. Emily Carr (middle school)
- 3. Pineview (golf course)
- 3. Colonel By (high school),
- 4. Convent Glen (catholic school).

Week:	Date:	Cost:	Bus:	Description:
<input type="checkbox"/>	1 Jul 2-Jul 5	\$280.00		4 Day Week All ages & levels
<input type="checkbox"/>	2 Jul 8-Jul 12	\$375.00	Available	All ages and levels
<input type="checkbox"/>	3 Jul 15-Jul 19	\$375.00	Available	All ages and levels
<input type="checkbox"/>	4 Jul 22-Jul 26	\$350.00		All ages and levels
<input type="checkbox"/>	5 Jul 29-Aug 2	\$350.00		All ages and levels & competitive team
<input type="checkbox"/>	6 Aug 6-Aug 9	\$280.00		4 Day Week / All ages and levels
<input type="checkbox"/>	7 Aug 12-Aug 16	\$350.00		All ages and levels
<input type="checkbox"/>	8 Aug 19-Aug 23	\$350.00		All ages and levels & competitive team

Agreement for Acceptance of Risk and Waiver of Liability

I request permission for my child to participate in horseback riding and other equestrian related activities organized and operated by Riverview Stables Inc.

I fully understand that horseback riding, handling, grooming or horses and other stable activities can be very dangerous. I wish for my child to participate in these activities knowing that they can be dangerous. I represent and warrant that I have the authority to give this release.

I also understand that while participating in this high-risk sport, it is mandatory that an ASTM approved helmet be worn while mounted by all riders under the age of 18 years. By not wearing proper safety headgear, I fully accept all responsibilities for my child's action.

I accept and assume all risk of injury to my child or my property.

In exchange for my child being permitted to participate in these activities, for my children, myself, my child's heirs, guardians, and legal representatives, I release and agree not to make or bring any claim of any kinds against Riverview Stables Inc. officials, servants, employees, representatives, officers, and/or directors for any injury to my child or any damage to my property, arising out of my child's participation in these horseback riding or related activities.

I acknowledge as parent/guardian of _____, that I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns. I have read and will follow all policies set by Riverview Stables Inc. including lesson policies on payment, missed lessons, attire, and stable rules.

Signature of Parent/Guardian

Print Name

Date

RIVERVIEW STABLES, 1445 CANAAN ROAD, CUMBERLAND, ONTARIO, K4C 1G1

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