

Pine Hollow Stables Summer Day Camp Registration Form

Child's Name _____ Age _____ OHIP# _____

Address: _____

City: _____ Postal Code _____

Phone Number _____ Business Number _____

Parents Names _____

Email Address: _____ All Cell numbers _____

Who is allowed to pick child up from camp: _____

Please specify any allergies: _____

Emergency Contact Names and Numbers: _____

Please Specify What Week You Are Interested In: Also mark your 2nd choice if first choice is cancelled

We will only run a camp if we have 6 or more campers registered

Non-Refundable deposit of \$50.00 per child, per camp is required when registering

July 3-7 July 17-21 August 7-11 August 21-25

LEVEL of Riding Beginner Intermediate Advance

Childs riding experience (explain) _____

General Release-please read and sign:

I/We hereby agree to assume all responsibilities and risk from the use and rental of riding horses from Pine Hollow Stables and further agree to hold Pine Hollow Stables, teachers, counselors, assistant counselors, trainers, employees,volunteers, horse owners free from all damages of liability for any injury to person or property arising as a result of use, rental or lesson of said horses or equipment or while staying on Pine Hollow Property.

Date: _____ Print Name: _____ Signature(parent or guardian if under 18 years of age _____
