



Summer Camp Registration 2022

1297 Eldon Rd, Oakwood ON K0M 2M0

www.7pines.net * sevenpinesstables@gmail.com * (705) 953-9602

Camper Name: _____ Date of Birth: _____

Address: _____ City: _____ Postal Code: _____

Home Phone: _____ Cell: _____ Email: _____

Parent Name: _____ Emerg Contact Name: _____ Emerg Contact #: _____

X	Week	Dates	# Of Days	Fees
	1	July 11 th to 15 th	5 days	\$425.00 + hst
	2	August 2 nd to 5 th	4 days	\$360.00 + hst
	3	August 22 nd to 26 th	5 days	\$425.00 + hst

Camper Riding Level:

- _____ New Rider – little to no riding experience
- _____ Beginner – walk/trot
- _____ Novice – walk/trot/canter
- _____ Intermediate – walk/trot/canter started jumping
- _____ Advanced – walk/trot/canter jumping courses

Number of Week(s): _____

Total Before HST: _____

HST (13%) _____

TOTAL DUE: _____

\$100 deposit/week MUST accompany this form to hold your spot – remainder due 1 week prior to your camp week starting

What Campers Need:

- A bagged lunch and snacks
- Refillable water bottle with their name
- Approved Riding Helmet (ASTM)
- Boots with a heel (must cover the ankle)
- Long pants (leggings or breeches)
- Runners for non-riding times
- Attire for the weather each day (hat etc)
- Any medications must be labelled

Payment / Cancellation Policy:

- \$100 non-refundable deposit / week attending must accompany this form to hold your spot – remainder due 1 week prior to the start of each week of camp.
- No refunds unless we must cancel due to Gov't regulations with regards to Covid-19.
- No make-ups for missed camp days.

Cheques payable to: Seven Pines Stables

E-transfers sent to: heather@7pines.net

To complete this Registration each Camper will need to submit the Waiver and Student Information Sheet Campers cannot ride unless we have both + Registration forms on file.



Student Information Sheet

Summer Camp 2022

Seven Pines Stables – 1297 Eldon Rd, Oakwood, ON K0M 2M0

Campers Name: _____ Date of Birth: _____

Address: _____ City: _____ PC _____

Who does the child live with? ___ mom Name: _____

___ dad Name: _____

___ other Name: _____

Primary Parent Contact: _____ Home Phone: _____

Work Phone: _____ Cell: _____ may we text you? ___Y ___N

Email: _____

Best way to contact you during camp hrs: ___Home Phone ___Work Phone ___Cell Phone ___Email ___Text

Additional Contact Person Name: _____ Phone: _____

Camper's Health Card #: _____

Any allergies, medications, health or social concerns? _____

Camper's Riding Experience: ___New Rider (little to no riding) ___Beginner (walk/posting trot)
___Novice (w.t.c) ___Intermediate (w.t.c starting to jump)
___Advanced (w.t.c working on a course)

Other Notes that we need to know about the above Camper: _____



Seven Pines Stables Acknowledgement of Risk and Release of Liability

For participants NOT 18 Years Old
Please print clearly:

Minor Participant's Name: _____ Date of Birth: _____
 Minor Participant's Address: _____ City: _____ Prov: _____ PC: _____
 Guardian's Name: _____ Relationship to Minor: _____
 Guardian's Address: _____ City: _____ Prov: _____ PC: _____
 Home Phone: _____ Cell Phone: _____
 Email Contact: _____

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

To: **Seven Pines Stables**, their directors, employees, officers, volunteers, business operators, and site property owners
(all of them collectively called the HOST)

___ 1. I am the Parent and/or Legal Guardian of the Minor participant named above and am executing this form on behalf of the minor participant in my capacity as parent and/or guardian and **with the intent that this form be binding on my behalf and minor 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 minor being a Participant.

___ 5. I Acknowledge that it remains my **Sole Responsibility** for the safety of the minor Participant and for the minor to Participate within his/her own limits.

___ 6. In addition to considerations given for the minor 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 minor Participant might have against the "**HOST**", and
- To Release the "**HOST**" from Any and All Liability for any loss, damage, injury, or expense that I, the minor Participant or our "**Legal Representatives**" might suffer as a result of the minor'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 minor participant or to any third party which might result from the minor'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 minor Participant and/or our "**Legal Representatives**" might have against the "**HOST**".

SIGNED This _____ day of _____ 20____

Signature of Parent/Guardian

Printed Name of Parent/Guardian

Do Not Sign until you Understand All Items Above