



**2018 Camp Registration**

**Campers Information**

Childs First & Last Name: \_\_\_\_\_

Childs Age as of July 2018: \_\_\_\_\_ Birthdate (YYYY/MM/DD): \_\_\_\_\_

Street Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

City/Town: \_\_\_\_\_ Province: \_\_\_\_\_

Phone Number: \_\_\_\_\_ New Camper  Returning Camper

Email Address: \_\_\_\_\_ Male  Female

**Primary Household Information**

**Parent/Guardian #1**

First & Last Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

**Parent/Guardian #2**

First & Last Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_  
\_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

**Campers Horse Experience**

From the list below please circle what the camper is able to do

Lead a horse

Jump

Mount unaided

Canter without assistance

Walk and halt a horse unaided

Trot without assistance

**Weeks to Attend**

Please circle the week(s) you wish for your child to attend camp

July 3 – 6

July 30 – August 3

July 9 – 13

August 6 – 10

July 16 – 20

August 13 – 17

July 23 – 27

August 20 – 24

Do you require before or after care? (Circle one)

Before

After

Both

*Please fill out the reverse side*

**Medical Form must accompany this registration.**  
If your child needs medication, has any allergies, requires an epipen or has an inhaler, a parent or guardian must speak with a Stonewood staff member.

Cost per week for Summer Camp  
Camp: **\$423.75** (\$375.00 plus \$48.75 HST)  
*Cost for 4 day week: \$367.25 (\$325 plus \$42.25 HST)*  
Before Care: add **\$56.50** (\$50.00 plus \$6.50 HST)  
After Care: add **\$56.50** (\$50.00 plus \$6.50 HST)  
**Cheques can be made payable to "Stonewood Equestrian Inc"**  
\$ \_\_\_\_\_ Cheque Total      Date: \_\_\_\_\_

**Alternate Pick up Authorization**

In the instance of not being able to pick my child, I authorize the following people to pick up my child:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_

By signing below I hereby consent to allowing \_\_\_\_\_ to join Stonewood Equestrians Summer Camp of 2018 and have completed this form and the Medical form as accurately as possible.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature