



Ranch Hand Day Camp 2017

Registration Form

Camper Information Please print clearly

Last Name: _____ First Name: _____
 Date of Birth: _____ Male/Female: _____
 Health Card Number: _____

Parent/Guardian Information

Last Name: _____ First Name: _____
 Email: _____ Cell Number: _____
 Mailing Address: _____

Emergency Contacts: Please list phone numbers where you or the authorized caregiver can be reached the week your child is at the Ranch

Name of Primary Contact: _____ Relationship to camper _____
 Cell Phone Number: _____
 Secondary Contact: _____ Relationship to camper _____
 Cell Phone Number: _____

Siblings

Names of siblings attending camp the same week _____

Medical Information

Does your child have any medical issues or concerns that may prevent them from completing any activities or may cause their health to be at risk? Please include information such as allergies, asthma, puffers, diabetes, epipens etc.

Camp Dates

_____ July 10 - 14 _____ July 17 - 21

Registration Fees

\$199 + HST per week (\$224.87). Before camp 8 - 9am \$25 + HST/wk; After camp 4 - 5pm \$25 + HST/wk
 \$100 non refundable deposit received by (Rounds Ranch staff): _____

Payment Method of Deposit:
 _____ Cash _____ Debit _____ Credit Card _____ ETransfer _____ Cheque (with cc # on back)
 Card Number: _____ Expiry: _____

Final Payment: \$124.87 + _____ Before Care + _____ After care = _____ Total

Due first day of camp. Received by (Rounds Ranch staff): _____

Payment Method of Deposit:
 _____ Cash _____ Debit _____ Credit Card _____ ETransfer _____ Cheque (with cc # on back)
 Card Number: _____ Expiry: _____

Agreement

I/We _____ give consent for my child to participate in all activities (unless restrictions are stated above) while at Rounds Ranch during the Ranch Hand Day Camp. To the best of my knowledge, my child is in good health, and I will notify Rounds Ranch if any health problem should arise during my child's adventures at Rounds Ranch. I agree that the owners of Rounds Ranch, their staff/employees shall not be held responsible for any accident or sickness that may involve my child while at Rounds Ranch. I hereby give permission for the Rounds Ranch owners/staff to call the ambulance for transportation to the hospital and to receive proper medical treatment (deemed by the attending physician) in the event of an emergency, if the emergency contact people listed on this form are not reachable by phone. (Every effort will be made to reach the contacts on this form in the event of an emergency).

I/We give permission for photographs to be taken of our child while participating in the Ranch Hand Day Camp and to be used in future publications from Rounds Ranch such as website updates, flyers, Facebook/Instagram, and newsletters?

_____ Yes _____ No

I/We have signed the attached Pony/Horse Liability Waiver allowing my child to groom and ride a pony or horse while at Ranch Hand Day Camp.

_____ Yes _____ No

Parent Name: _____

Date: _____

Signature: _____

Witness: _____

Parent Name: _____

Date: _____

Signature: _____

Witness: _____

In signing this form, you agree to all of the above statements. You also agree that all of the information given on this form is accurate to the best of your knowledge and should any changes arise, Rounds Ranch will be notified immediately.