



# Ranch Hand Day Camp 2019 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

Ages 4-6	
July 2-5 - \$200+hst	
July 16-19 - \$200+hst	
Aug 6-9 - \$200+hst	

Ages 7-11	
July 8-12 - \$225+hst	
July 29-Aug 2- \$225+hst	
Aug 19-23- \$225+hst	

Before Camp Care (8-9am) - Add \$10+hst per day.  
After Camp Care (4-5pm) - Add \$10+hst per day.

subtotal: \_\_\_\_\_  
x 13%hst: \_\_\_\_\_  
Total: \_\_\_\_\_

\$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: \_\_\_\_\_ CVC: \_\_\_\_\_

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

Final Payment Due first day of camp. Received by (Rounds Ranch staff): \_\_\_\_\_

Payment Method of Final Payment:

- 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 update, 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.