



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: _____

I wish to pay for the full amount of camp upfront Totaling:_____ received by _____

\$100 non refundable deposit received by (Rounds Ranch staff):_____ Date:_____

Payment Method of Deposit:

- Cash Debit Credit Card E-Transfer Cheque (with cc # on back)

Card Number: _____ Expiry: _____ CVC:_____

I need BEFORE CARE 8:00-9:00 (\$50.00)_____ I need AFTER CARE 4:00-5:00 (\$50.00)_____

Final payment of \$154.25 + Before care_____ + After Care _____ = TOTAL _____

Final Payment Due 1 week before camp. Received by (Rounds Ranch staff): _____

FINAL PAYMENT (must fill this in if you have not paid camp in full)

Payment Method:

- Cash Debit Credit Card E-Transfer

Card Number: _____ Expiry: _____ CVC:_____

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: _____

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.

Waiver, Assumption of Risk and Indemnity Agreement

PLEASE READ CAREFULLY

Warning: By signing this agreement, you give up the right to sue for any injury or damages howsoever caused.

To: Rounds Ranch, Elmvale, Ontario & El Rancho Equestrian, Elmvale, Ontario (hereinafter, referred to collectively as "The Company") and owners, employees, representatives, officers and agents (hereinafter referred to collectively as "The Company's Employees")

I, _____ hereby sign this agreement on behalf of myself, my child, my personal representatives, heirs and assigns.

Child(ren)'s Name(s): _____

1. I agree as a precondition to my participation in a pony ride organized by "The Company" and conducted by "The Company" and/or "The Company's Owners and Employees", and in further consideration of "The Company" allowing me to do so, to be strictly bound by the terms of this Waiver, Assumption of Risk and Indemnity Agreement (hereinafter referred to as "This Agreement").

2. I acknowledge that pony rides involve inherent risks that may cause serious injury and possibly death to participants. I further recognize that backcountry trail pony rides involves additional risks and dangers.

3. I fully understand the risks and dangers associated with my child's (or my personal representative, heirs or assigns) participation, in this pony ride and accept same entirely at my own risk.

4. I hereby waive any and all claims which I may have against "The Company" and "The Company's Owners and Employees" and release "The Company" and owners and employees from all liability for injury, death, property damage or any other loss sustained by me or my child (or the child I am representing) as a result of my/their participation in this pony ride, due to any cause whatsoever including, without limitation, negligence on the part of "The Company" or "The Company's Owners and Employees". I further agree to indemnify "The Company" and "The Company's Owners and Employees" for any and all legal fees (on a solicitor and his own client basis) or costs which may be incurred in defending any lawsuit or claim I may bring against them.

5. I appreciate that This Agreement applies whether "The Company" is at fault or not and it limits the liability of "The Company's Owners and Employees" to the same extent as it limits the liability of "The Company" even though "The Company's Owners and Employees" are not formal parties to This Agreement. I understand that "The Company", in securing execution of This Agreement by myself is acting as agent or trustee on behalf of or for the benefit of "The Company's Owners or Employees" who shall to this extent be or be deemed to be parties to This Agreement.

I have read and understand this agreement, I understand that this document contains a promise not to sue "The company" or "The Company's Owners and Employees" and release and indemnify for all claims.

Signature of Parent/Guardian

Date

