



2010 CAMP SUNRISE REGISTRATION - RIDING CAMP

Child's Name:	D.O.B. (d/m/yr)	Sex: M F (Please Circle)	Email: Home ☎ #: _____
Complete Address: (Str., City, Prov. P.C.)			
Mother's Name: _____ ☎ Cell: _____ ☎ Work: _____			
Father's Name: _____ ☎ Cell: _____ ☎ Work: _____			
Who Is Legally Responsible for the Camper? _____ ☎ H: _____ ☎ Other _____			
Other people authorized to pickup this child, with phone numbers: <i>(For safety reasons, Sunrise will NOT release your camper to anyone who is not listed:</i>			

RIDING CAMP (8-Teens.) (30 children per session – Groups of 6) *Please Circle Selection*
*(All sessions include at least one group of *Intermediate Riders)*

Camp 1 Beginner & Intermediate <i>Dates: Monday, July 5 – Friday, July 16</i>	\$480	Camp 3* Beginner/Intermediate/Advanced <i>Dates: Tuesday, August 3 – Friday, August 13</i>	\$435
Camp 2 Beginner & Intermediate <i>Dates: Monday, July 19 – Friday, July 30</i>	\$480	Camp 4 Beginner & Intermediate Riders <i>Dates: Monday, August 16 – Friday, August 27</i>	\$480

Note: Session 3* – Mon. Aug. 2nd Civic Holiday (no camp) Sessions 2 & 4 – *Interdenominational Christian Camps*
Older children may be considered – cognitive age being taken into account.

SEE REVERSE FOR FURTHER DETAILS ON RIDING CAMP

PAYMENT ENCLOSED: \$ _____ Cheque Cash Payment Credit Card: VISA MC

■ All cheques made payable to Camp Sunrise. ■ VISA & Mastercard accepted. *Spaces cannot be reserved until payment is received or scholarship has been confirmed with Sunrise office. **Note:** \$45 admin. Fee will be charged for NSF cheques. The client will be notified immediately, and their space reserved for 1 week while sufficient funds are obtained.

I have enclosed payment in full (not post-dated) I have enclosed 50% of total PLUS a cheque for the balance dated May 3, 2010. (Applies to those registering after Jan. 29, 2010) I shall contact Sunrise about applying a financial scholarship. **Note:** All scholarship applications must be received by April 1, 2010.

CANCELLATION POLICY:

-Before Friday, May 21, 2010 campers may receive a full refund less a \$35 administration fee.
-After Friday, May 21, 2010 full refunds (less \$35 admin. fee) will only be given in situations where an unforeseen emergency or health concern is involved. All other situations will receive a 75% refund "**ONLY IF**" the space is filled by another camper.

IMPORTANT NOTE: Complete this information so your child receives his/her T-Shirt

A Camp T-shirt is included in the registration fee. PLEASE CIRCLE SIZE BELOW

Youth Sizes: X-S Small Medium Large

RIDING LEVELS - (Not Applicable to Advanced Riding Camp)

Has your child ridden before? Yes No If yes, where? _____

How Long? _____

Level	Description	Check	Experience (General Guide Only)	Check
1	Beginner OR able to steer at walk; beginning to trot		Beginner/pony rides only OR several camp experiences. Where?	
2	Able to initiate walk or trot readily; able to steer at trot independently; learning sitting & posting trot position		Several camp experiences OR some weekly lessons. If so, where?	
3	Able to maintain posting trot for several laps; able to complete 20 m circle at trot; some cantering experience; may have jumping experience		Ongoing weekly riding lessons. Where? Instructors Name:	

Riding Camp Questions?

Contact:

Krista Breen @krista@sunrise-therapeutic.ca, ☎ 519-837-0558 Ext. 29

Riding Camp

CAMPER NAME: _____ T-Shirt Size: _____

(Please Read Carefully) General Camp Sunrise Policies:

HEALTH & SAFETY INFORMATION

*Check here if your child requires a life jacket (Max. depth of swimming pool is 5 ft.) **Note: If your child does not swim independently, he/she will be required to wear a life jacket.** Indicate Swimming Level / Ability: _____
Inflatable rings & armbands are not acceptable

Allergies (specify): _____

General Health / Health Concerns: _____

Does Your Child Have Special Needs? (Diagnosis: Please Detail) *If yes, please complete a Personal Profile Form & attach it to this application for your registration to be processed*

Has your child attended Camp Sunrise Before: Yes No (*Specify Date & Year if Yes) _____

Did they have a personal support care worker: Yes No

Behavioural / Emotional Concerns: _____

Medications (specify): _____ (Must be clearly labeled)
Please note that Sunrise staff cannot dispense any prescription or over-the-counter medicine without specific written parental consent

Health Card #: _____ Family Physician: _____ 

PLEASE READ:

- Campers who require 1 on 1 supervision or personal care support will be required to provide their own experienced caregiver other than a parent, guardian or family member. The 'family member' exception may be waived in regard to specific disabilities & circumstances. This is a staff decision and must be discussed with the Camp Director prior to camp.
- Camp staff will meet with new campers with special needs or health concerns before camp begins.
- Sunrise reserves the right to not accept a camper whose behaviour may adversely affect other children, or whose medical assessment will preclude them from group riding activities in Riding Camp.

EMERGENCY INFORMATION

Name of person, other than parent, who may be contacted in case of emergency:

Name: _____ Phone: (____) _____ Relationship to camper: _____

If the camper should need emergency medical treatment and Sunrise staff are unable to contact me or our emergency contacts, I give consent for the staff to act on our behalf, on the understanding that every effort will continue to be made to reach the emergency contacts.

Signature of Parent / Guardian

Date

WAIVER AND PHOTO RELEASE FORM

Recognizing that horseback riding and working around horses is a risk sport, and that every precaution shall be taken to ensure the good welfare and protection of the participants, Sunrise, its board of directors, staff members and volunteers are released from any and all liability in the event of any accident or misfortune that may occur on the Sunrise farm or any location where a Sunrise activity is being supervised. Recognizing that Sunrise holds liability insurance, I/we the undersigned intend to be legally bound for myself, my heirs, executors and administrators and waive and release any and all rights and claims for damages of whatsoever kind which I may have, or may hereafter occur to me against Sunrise and all its affiliates.

Sunrise may use pictures or videotape of my child in public display and promotion (may include Sunrise website). Yes ___ No ___

I understand and agree to the above terms and conditions.

Signature of Parent / Guardian

Date

How did you hear about Camp Sunrise?

Sunrise respects your privacy. Sunrise protects your personal information and adheres to all legislative requirements with respect to protecting privacy. We do not rent, sell or trade our mailing lists. The information you provide will be used to deliver services and to keep you informed and up to date on the activities of Sunrise, including programs, services, special events, funding needs, and volunteer opportunities through periodic contacts. If at any time you wish to be removed from our mailing list simply contact us by phone at 519-837-0558 or via email at info@sunrise-therapeutic.ca and we will gladly accommodate your request.