## **SADDLEWOOD**

## 2020 SATURDAY RIDING

749 Bethany Hills Rd., Bethany, ON LOA 1AO

Phone: (705) 277-2029 Fax: (705) 277-9335 e-mail: 749saddlewood@gmail.com

## CHECK THE BOX FOR THE WEEK(S) YOU WISH TO ATTEND - Use a separate application for each rider

Block A Full Day: November 7, November 14, November 21, November 28

Block B Half-Day Mornings: November 7, November 14, November 21, November 28

Block C Half-Day Afternoons: November 7, November 14, November 21, November 28

Specifc Dates (please circle): November 7, November 14, November 21, November 28

For above (circle): Full Day or Half Day

Full Day Hours are 10am-3pm, Half-Day Morning: 10am-12:30pm, Half-Day Afternoon 12:30-3pm

PLEASE PRINT	CLEARLY				
PARENTS/GUARDIANS NAMES:					
	(number, street, R.R.;		(City/Town)	(Postal Code)	
PHONE:					
(Home		(Parent Cell #)		(Parent Cell #)	
E-MAIL address	<b>:</b>		ALI	LERGIES:	
BIRTH DATE	Mo/Day/Year)	AGE AS OF JULY 1st	ONT. HEALT	H CARD #	
HEIGHT	WEIGHT:	( Any Camper over	185 pounds in weight	will not be allowed to jump )	
PERSON TO NO	TIFY IF PARENTS /	GUARDIANS CANNO	OT BE REACHED		
(Name)		(Phone)		(Relationship)	
Full Day Block:	ROGRAM FEES \$287.61 + \$37.39 HST \$163.72 + \$21.21 HST		The price of a fu	d half days may be available. Il day is \$75.22 + \$9.78 HST = \$85.00. alf day is \$44.25 + \$5.75 HST = \$50.00.	

## WAIVER. RELEASE, SURRENDER AND INDEMNITY

In consideration of the undersigned being permitted to attend at and/or in anyway take part in the recreational and leisure activities at "Saddlewood Equestrian Centre Inc." and "1439180 Ontario Inc." and "1439180 Ontario Inc." the said child, my and her executors, administrators, successors, legal representatives and assigns (collectively called the "Grantors"), do hereby remise, release and forever discharge, waive, surrender and agree to save harmless protect and keep indemnified SADDLEWOOD EQUESTRIAN CENTRE INC and 1439180 ONTARIO INC., their respective agents, servants ,employees, independent contractors, and representatives (collectively referred to as "Saddlewood") from and against all injury to the "Parties who have herein executed this waiver" or any of them or of the injury, loss or damage to the property of the "Parties who have herein executed this waiver" or any of them howsoever caused arising out of or in connection with my or our being permitted to attend and/or in any way take part in the said recreational and leisure activities at or about "Saddlewood Equestrian Centre Inc." and "1439180 Ontario Inc." whether as a spectator, participant or otherwise, notwithstanding that the same may have been contributed to or occasioned by the negligence of "Saddlewood Equestrian Centre Inc." and 1439180 Ontario Inc." I/We hereby individually and as parent(s) and/or guardian(s) of the child named \_\_\_\_\_\_\_\_acknowledge that I/We have read, fully understand and agree to this waiver, release, surrender and indemnity. Enclosed find my payment in the amount of \_\_\_\_\_\_\_ to apply to program fees. There is no reduction of camp fees is allowed for campers arriving late, or leaving early in the period for which they are registered. From time to time photos/videos are taken at Saddlewood and I give my permission for my daughter's likeness to be reproduced for promotional purposes.

Signature of Parent or Guardian	DATE	

re you coming to Saddlewood with a friend? YesNo Who?	
ave you ever been to Saddlewood before? Yes No If yes, which horse or pony did you ride?	
That colour group were you in? Horse or pony request	
ave you been riding all year? Yes No If yes, where	
I am a beginner rider (ridden less than 10 times) I ride in the summer and at camps only and I am comfortable (circle applicable) walking, trotting, cross-rails, cantering, I am comfortable trotting cross-rails. I can canter a cross-rail and a vertical. I can canter a course of jumps including verticals and oxers. I show	
ow did you hear about Saddlewood? ☐ Friends ☐ OCA ☐ Internet ☐ Stable ☐ Tack Shop ☐ Returning	
IAVE YOU INCLUDED THE FOLLOWING WITH THIS APPLICATION?  Signed and dated the application form □ Included a photocopy of the rider's health card Included the payment (via cheque, e-transfer or credit card payment authorization)	==
<u>Payment</u>	
addlewood prefers that fees are paid by CHEQUE (made out to SADDLEWOOD RIDING CAMP)  E-TRANSFER at the following address, 749saddlewood@gmail.com Please use your daughter's first name as spell her application as your security question. We are also able to accept payment by credit card.	ed
I wish to pay via a cheque I wish to pay via a series of post-dated cheques (dates flexible to suit your needs) I wish to pay by an e-transfer I wish to pay by multiple e-transfers (dates flexible to suit your needs) lease complete the information below if you wish to pay the fees by credit card. I prefer to pay the fee by credit card I prefer to pay by multiple credit card transactions (please include dates and amounts that work best for your family	<i>i</i> )
Please contact the camp office via email should you require further payment options	')
CARD NUMBER EXPIRY DATE	
CARD TYPE   VISA   MASTERCARD	
CARD HOLDER'S NAME ( please print)	
CARD HOLDER'S SIGNATUREDATE	
For Office Use Confirmation Sent Date	-=
Deposit Received Date	
Payment(s) Received Date(s)	