



To Register Online: please print off form and scan a copy of the completed form to sprout-meadows@hotmail.com

Registration via mail: Send completed application and payment to
**Sprout Meadows
 Enterprise Ltd
 6851 Sprout Rd
 Courtenay, BC V9J 1N3**

Camp Date:	<input type="text"/>	
Deposit rec'd	<input type="text"/>	
Full Payment Rec'd	<input type="text"/>	<input type="text"/> post-Dated Cheque Rec'd

Camper's Personal Information

Last Name:	First Name:	Birthdate:	Sex:
Street Address:			City:
Province:	Postal Code:	Home Phone:	

Camper's Contact Information

<u>Name of First Parent or Guardian</u>	<u>Email Address</u>
Home Phone:	Cell/Daytime Phone
<u>Name of Second Parent or Guardian</u>	<u>Email Address</u>
Home Phone:	Cell/Daytime Phone
<u>Name of Third Parent or Guardian</u>	<u>Email Address</u>
Home Phone:	Cell/Daytime Phone

Camper's Riding History

Never Ridden		Previous Discipline Ridden	English	
Couple Group Trail Rides			Western	
1-3 mos			Unknown	
3-6 mos				
6mos-1yr				
1yr plus				

Cancellation Policy and Refunds

In the event of a cancellation, refunds will be made according to the following schedule (percentage is of total camp fee):

<u>Time of Cancellation</u>	<u>Amount of Refund</u>
More than 6 before camp start date	Camp fee less the \$52.50 deposit
2-6 weeks before camp start date	50% of camp fee less the \$52.50 deposit
Less than 2 weeks before camp start date	No refund, unless with a physicians note / unavoidable circumstances @ discretion of Sprout Meadows

I have read and understand the cancellation policy

Payment Information

Pay by: Cheque Cash E-transfer:

A non-refundable, non-transferable deposit must accompany the registration, (\$52.50 of the camp fee per person.) The balance is due on or before the first day of camp.

*** all cheque payments must be made out to Sprout Meadows and delivered direct in person or mailed**

*** all cash payments must be made direct to Sprout Meadows**

*** all E-transfers payable to sprout-meadows@hotmail.com**

Camp Fee.....	\$	___
+5% GST.....	\$	___
	TOTAL:	\$ ___

ALL Camper's - Medical Information for EACH Child

Last Name:	First Name:	Birthdate:
Doctor's Name:		Dr's Phone #:

Personal Health Number (care card):

<u>Allergies (to drugs, food, animals, etc). Be specific.</u>	<u>Reaction/Severity</u>	<u>Treatment/Medication required</u>

Please check here if the camper carries

		ANA Kit		Yes		No
		Epipen		Yes		No
		Medic alert bracelet				

does camper know how to use?

Immunization History

Has Camper received all immunizations required by public health? (if no please explain)

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Date of last tetanus (MM/DD/YY) _____

Parent's or Guardian's Declaration

* In the case of medical or surgical emergency, I understand every effort will be made to contact the parents or guardians on this form. In the event that none can be reached, I give permission to have the above named camper sent to be sent to hospital via 911 and an ambulance call. (all ambulance fees are the responsibility of the camp or camper's parent's or guardian(s))

* in the interest of health and safety, I give permission for this health information to be shared with appropriate camp staff or outside medical personnel

* I will notify the camp if the applicant is exposed to an infectious disease during the three weeks prior to the start of camp

* to the best of my knowledge, the applicant is in good health and physically able to participate in all camp activities, except as noted above. I will notify the camp if any of the above information changes prior to start of camp date

I have read and understand the medical information and declaration



“ FOR PARTICIPANTS 18 YEARS OR YOUNGER ”

INFANT PARTICIPANT’S NAME: _____ DATE OF BIRTH: _____

INFANT’S ADDRESS: _____ CITY: _____ PROV: _____ POSTAL: _____

GUARDIAN’S NAME: _____ DATE OF BIRTH: _____

GUARDIAN’S ADDRESS: _____ CITY: _____ PROV: _____ POSTAL: _____

THE GUARDIAN MUST READ AND UNDERSTAND PRIOR TO THE INFANT PARTICIPATING IN EQUINE ACTIVITIES

To: _____ Sprout Meadows _____ (NAME OF PERSON, ORGANIZATION OR COMPANY PROVIDING THE EQUINE ACTIVITIES)

their directors, employees, officers, volunteers, business operators, and site property owners. (collectively called the HOST)

INITIAL EACH ITEM BELOW AFTER READING AND UNDERSTANDING THE ITEM

- ____ 1. **I am the Parent and/or Legal Guardian of the infant Participant** named above and am executing this form on behalf of the infant Participant in my capacity as parent and/or guardian and with **the intent that this form be binding on myself and infant Participant for all legal purposes.**
- ____ 2. **I Understand** there are Inherent **DANGERS, HAZARDS** and **RISKS**, (collectively called **RISKS**) associated with Equine Activities and injuries resulting from these **“RISKS”** are a common occurrence.
- ____ 3. **I Acknowledge** that the Inherent **“RISKS”** of Equine Activities mean those **DANGEROUS** conditions which are an integral part of Equine Activities, **including but not limited to:**
 - The propensity of any equine to behave in ways that might result in injury, harm or death to persons on or around them and to potentially collide with, bite or kick other animals, people, or objects.
 - The unpredictability of an equine’s reaction to such things as sounds, sudden movement, tremors, vibrations, unfamiliar objects, persons or other animals and hazards such as subsurface objects.
 - The potential for other participant (s) to act in a negligent manner that might contribute to injury to themselves or others, such as failing to act within their ability or to maintain control over an equine.
- ____ 4. **I Freely Accept and Fully Assume All Responsibility** for the Inherent **“RISKS”** and the possibility of personal injury, death, property damage or loss which might result from the infant being a Participant.
- ____ 5. **I Acknowledge** that it remains my **Sole Responsibility** for the safety of the infant Participant and for the infant to Participate within his/her own limits.
- ____ 6. **In addition to consideration given for the infant to Participate in Equine Activity, I and my heirs, executors, administrators and assigns (collectively called my “Legal Representatives”) agree**
 - To Waive All Claims that I or the infant Participant might have against the **“HOST”**; and
 - To Release the **“HOST”** from Any and All Liability for any loss, damages, injury, or expense that I, the infant Participant or our **“Legal Representatives”** might suffer as a result of the infant’s Participation due to any cause including any **NEGLIGENCE ON THE PART OF THE “HOST”**; and
 - To **HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for property damage or personal injury to the infant Participant or to any third party which might result from the infant’s Participation.

Before signing this form I read it (as indicated by my initials above) and I stated that I understand it. I further state I am aware that signing this form, waives certain legal rights I and/or the infant Participant and/or our **“Legal Representatives”** might have against the **“HOST”**.

SIGNED _____ This day _____ of 20 _____

(PRINT NAME OF HOST/WITNESS TO SIGNING & INITIALING)

(email/cell # for Barn Communication)

(Signature of HOST Witness)

(Signature of Parent/Guardian)

DO NOT SIGN UNTIL YOU UNDERSTAND ALL ITEMS ABOVE