

March Break Camp-What to Bring

- Boots with a 1-inch heel to ride in
- Helmet (will be available to rent if you do not have one)
- Lunch, snacks, water bottle
- Warm clothing (extra socks, pants, sweater)
- Outdoor clothing (hat, scarf, gloves)
- Extra shoes to wear indoors for games/other activities



Application for Pause Awhile March Break Camp

CAMPER

| | | | |
|--|----------------|--|-------|
| Full name: | _____ | Date of Birth: | _____ |
| Address: | _____ | | |
| City: | _____ | Postal code: | _____ |
| Have you ridden before? | Yes ___ No ___ | How many years? | _____ |
| Where: | _____ | Ability: Walk ___ Trot ___ Canter ___ Jump ___ | |
| Briefly describe your interests and abilities: _____ | | | |
| _____ | | | |
| Do you have any fears pertinent to camp – Animals, water, etc? _____ | | | |
| Where did you find out about our camp? _____ | | | |

MEDICAL

| | | | |
|--|-------|----------------|-------|
| Family doctor: | _____ | Health card #: | _____ |
| Telephone: | _____ | | |
| Do you have any medical problems? (Please provide details) _____ | | | |
| Do you require any medications? (Please provide details) _____ | | | |

| | | |
|--|----------------|---|
| Do you need extended hours? | Yes ___ No ___ | \$ 10.00 + H.S.T. /Hour or part thereof |
| Do you need to rent a helmet? | Yes ___ No ___ | \$ 15.00 + H.S.T. |
| Please note: If you wish to register your child for more than one session, a separate application and deposit cheque is required. | | |

PARENT / GUARDIAN

| | | | |
|-----------------|-------|-------------|-------|
| Full name: | _____ | Home Tel: | _____ |
| Cell: | _____ | Office Tel: | _____ |
| Emergency call: | _____ | Tel: | _____ |
| Relationship: | _____ | Email: | _____ |
| _____ | | _____ | |
| DATE | | SIGNATURE | |

PLEASE RETURN COMPLETED APPLICATION AND RELEASE FORMS ALONG WITH A CHEQUE PAYABLE TO PAUSE AWHILE EQUESTRIAN CENTRE, AND MAIL TO:

Pause Awhile, 13243 McCowan Road, Stouffville, Ont, L4A 7X5

Balance of the camp fee must be received by Pause Awhile no later than three weeks before the start of the session. No refunds if cancelled less than three weeks from the start of your session otherwise a \$25 cancellation fee will apply.

www.pauseawhile.com

905-640-7232

Pause Awhile Equestrian Centre
General Release and Agreement

In consideration of PAUSE AWHILE EQUESTRIAN CENTRE (herein referred to as the Centre) providing instruction or providing services to or on behalf of:

_____ (herein referred to as the Rider),

The Rider agrees to the following terms and conditions:

1. Failure to make payment of monthly tuition fees, boarding, or other charges when due, shall be sufficient grounds for suspension of the Rider and/or termination of this agreement. The Rider and parents or guardian, agree to be jointly and severally liable for all such sums plus like fees and costs incurred in obtaining or collection of arrears.
2. The Rider agrees to abide by all the rules and regulations of the Centre, now in effect of later adopted, and understands that failure to comply with such rules may result in suspension of the Rider and/or termination of this agreement at the sole option of the Centre.
3. The Rider and/or their parent/guardian, hereby agree to assume all responsibility and risk of bodily injury or damage to property; and further agree to hold harmless and indemnify the Centre and its owners and staff from all claims for any bodily injuries to persons, or damage to property arising out of or resulting from the Rider's use of the Centre, or participating as a rider, groom, spectator, or otherwise in horse shows, or any other type of riding event, clinic, or any type of organized, sponsored, supported, or endorsed activity, whether on the premises of the Centre or elsewhere and shall include transportation provided or arranged by the Centre, its owners or staff.
4. The Rider and the undersigned parent/guardian do hereby consent to an X-Ray examination, anaesthetics, medical or surgical diagnostic treatment and hospital services, that may be required by said Rider under general or specific instructions of any physician or hospital while said Rider is engaged or after being engaged in any activity provided for in this agreement by the Centre. It is understood that this consent is given in advance of any specific diagnosis or treatment. The Rider and the undersigned parent/guardian agree to assume responsibility for payment of any fees for doctors, hospital, ambulance, and/or medical charges reasonably and necessarily incurred.

Signature of the RIDER

Signature of PARENT/GUARDIAN

Date

Full name of PARENT/GUARDIAN

Address: _____

City: _____ Home Tel: _____

Postal Code: _____ Office Tel: _____

Date of Birth (dd/mm/yyyy): _____ Has the applicant ridden before: _____

How many years?: _____ Where?: _____

Briefly describe rider's interest and ability: _____

Health Card #: _____ Family Doctor: _____ Tel: _____

Has the applicant any medical problems: _____

How did you learn about PAUSE AWHILE: _____