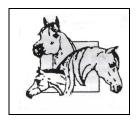


TRAVIS HALL EQUESTRIAN CENTRE

R.R. #3, Rockwood Ontario, N0B 2K0

CAMP REGISTRATION

Applicant's Full Name:	
Birthdate:	Sex:
PARENT'S: Father's Full Name:	
	Postal Code:
Home Telephone:	Business Telephone:
Mother's Full Name:	
	Postal Code:
Home Telephone:	Business Telephone:
If parent's are separated or divor	ced, with whom does the child reside?
_	VEL: Please ✓ appropriate box ☐ Intermediate ☐ Advanced TRAINING CAMP INDICATED: Please ✓ appropriate box
☐ Spring Break Week	☐ Special Saturday Youth Club
☐ Summer Youth Week	☐ Adult Week
☐ I have/will bring my own hors	se
EVEN THOUGH TRAVIS HAL happy atmosphere, we must ask	LL EQUESTRIAN CENTRE endeavours to have a safe and you to sign the following:
and agree to make no claims again	the grounds of Travis Hall Equestrian Centre at our own risk inst Travis Hall Equestrian Centre, it's owners or employees jury to horse, person, or property whatsoever.
Signature of Parent/Guardian:	Date:
	n Sheet and include with Camp Registration form.



TRAVIS HALL EQUESTRIAN CENTRE

R.R. #3, Rockwood Ontario, N0B 2K0 Phone 519-843-4293 Fax 519-843-4903

HEALTH INFORMATION

Applicant's Full Name:		
Birthdate:	Sex:	
Height: ft	in. Weight: Lbs	
General Health:		
Is your child able to participate in all re	regular games and activities? Yes No	0
If not, please provide particulars.		
Ontario Health Number:		
Family Physician Name:	Phone Number:	
Name of Person to be contacted in case	e of emergency:	
1. Name:	Phone Number:	
2. Name:	Phone Number:	
Arrival Time:	Departure Time:	
Lunch Arrangements: (Bring your own	n unless previously arranged)	
At Travis Hall Equestrian Centre SAFE	ETY IS OUR CONCERN!	
rain boots are suitable. Clothing suitable	harness and safe boots with a small heel. Riple for riding is advised ie: jeans, tight legge er clothing to change into. All clothing shou	ed slacks or
Signature of Parent/Guardian:		-
Date:		_