

RAVENCREST CAMP

5239 Inadale Drive
R.R.#2
Strathroy, Ontario
N7G 3H4
519-289-0954

2010 Camp Registration

Camper's Name: _____

Date of Birth: _____ Health Card Number: _____

Address: _____ City: _____ Postal Code: _____

Parents/Guardians Names: _____

Home Telephone: _____ Parent's
E-mail address: _____

Mother's Daytime Phone: _____ Father's Daytime Phone: _____

Emergency Contact: (if parents cannot be reached)

Name: _____ Phone: _____

Relationship to Camper: _____

Medical Information

Please list any medical conditions and or medications:

Allergies: _____

Family Doctor: _____ Phone: _____

Dietary Restrictions: _____

Tee-shirt size: _____

RAVENCREST CAMP

Camp Session Requested (please indicate first and second choice)

Session 1 (Teen Camp) July 4 - July 10	_____	Session 5 Aug 1 - Aug 7	_____
Session 2 July 11 - July 17	_____	Session 6 Aug 8 - Aug 14	_____
Session 3 July 18 - July 24	_____	Session 7 Aug 15 - Aug 21	_____
Session 4 July 25 - July 31	_____	Session 8 Aug 22 - Aug 28	_____

Waiver, Release, Surrender, and Indemnity

In consideration of the above noted child being permitted to attend and take part in equestrian and other activities at Ravencrest Camp, I/we the undersigned parents of said child, my and her executors, administrators, successors, legal representatives and assigns do hereby remise, release and forever discharge, waive, surrender and agree to hold harmless protect and keep indemnified Ravencrest Camp, Michael Radan, Wendy Radan, their respective agents, servants, employees, independent contractors, and representatives from and against all injuries to the "parties who have herein executed this waiver" and their property, howsoever caused arising out of or in connection with activities at Ravencrest Camp. I/We individually and as parents and or guardians of the child named _____ acknowledge that I/we have read, fully understand and agree to this waiver, release, surrender, and indemnity. Enclosed you will find my cheque in the amount of \$150.00 to apply to camp fees and a post dated cheque for balance of fees. I/we understand that full deposit, less \$75.00 administration fee will be made if withdrawal from camp is made prior to June 1, 2010. I/We agree to pay the balance of camp fees on or before June 1, 2010. Refunds will not be made for cancellations after June 1, 2010. I/We agree that any photos taken at Ravencrest Camp, and that my child's likeness may be used for promotional purposes.

Signature: _____ Name: _____

Date: _____

Camp Fees

Full balance paid by March 1, 2010 ----- \$500.00 + tax

Full balance paid after March 1, 2010 ----- \$595.00 + tax

PLEASE NOTE: A deposit of \$150.00 and a post-dated cheque for balance of fees is required with all registrations. Full balance is due June 1, 2010

