

# RAVENCREST CAMP

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

## Working Student Application

Student'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 Student : \_\_\_\_\_

## Medical Information

**Please list any medical conditions and or medications:**

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Allergies: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

# RAVENCREST CAMP

## Camp Session Requested (please indicate first and second choice)

Session 2 July 11 - July 17	_____	Session 5 Aug 1 - Aug 7	_____
Session 3 July 18 - July 24	_____	Session 6 Aug 8 - Aug 14	_____
Session 4 July 25 - July 31	_____	Session 7 Aug 15 - Aug 21	_____
		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 Ravenscrest 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 Ravenscrest 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 Ravenscrest 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 Ravenscrest Camp, and that my child's likeness may be used for promotional purposes.

Signature: \_\_\_\_\_ Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Working Student Fees

Program fee ----- \$300.00 + 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**

## Working Student Application

### Riding Information:

Where do you currently ride? \_\_\_\_\_

How often do you take lessons? \_\_\_\_\_

What are you working on in your lessons?

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What experience do you have working around horses?

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What experience do you have working with children?

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Have you had the opportunity to teach horsemanship and/or riding? Please explain:

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What other clubs or interests, other than riding, are you involved in?

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Previous camp experience

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Why do you think you would make a good camp councillor?

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Do you have any first aid and/ or swimming certificates?

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