

Seven Summits Summer Day Camp 2017

Ages 6-14 and Intermediate Camp 13-20 run 9-4 Kindercamp ages 4-6 run 9-12 .

Seven Summits Equestrian Center is located just south of Elmvale and 15 minutes north of the Georgian mall. Seven Summits is Barrie's most modern riding camp boasting the largest newest facility in the region. Campers will be able to live out their horse riding and owning dreams at each of our one week sessions through the summer.

Activities Include:

Two riding sessions
Horsemanship (caring for their horse) Arts and crafts for younger campers and equine first aid and grooming for show for older campers. Also for a cool down on hot days Campers will have a blast at Seven Summits own invention Sponge wars. Seven Summits allows campers complete immersion in the horse environment all week long.

For the First time Ever Seven Summits is offering Kinder Camp!

These are half day sessions that give kids 4-6 a start on safety and fun with horses!

Our other first time camp with be for 13-20 year olds!

This intermediate camp will give more in depth knowledge to older students
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Things to Bring:

- Pack a lunch and any snacks
- Bring water! Seven Summits is on a well and the water may not be appetizing to children unused to wells.
- Hat and Protective sun gear
- Riding Helmet or bike helmet
- Boots with a heel (the black and red rubber boots are perfect!) Long pants for riding
- Change of clothes in case a horse bath turns into a kid bath!
Sometimes the horses think its funny to get their groomer wet too!

Risk Awareness Form

A risk awareness form is included with enrolment form and must be returned signed with the application form.

Please read this carefully.

JUST KEEP ON RIDING!

Seven Summits provides group and private riding lessons all year long. Campers will often find one week a year is not enough and become passionate about riding. Parents will be surprised at how affordable it can be! Whether you want to learn to ride well enough to go out on the trail or your serious about competing Seven Summits can help you or your child reach their goals!

For More Information Contact:
Lise LeMay Corlett
705-322-8181
info@sevensummits.ca

Seven Summits Riding Camp

Campers Name: _____

Session Requested:

Fee:

FUN CAMP			
July 17, 2017	_____	\$300.00	_____
Aug 21, 2017	_____	\$300.00	_____

Sub-total _____

13% HST _____

Total _____

less deposit \$100 due with enrolment \$100

Balance Owed May 15 _____

Cancellation fee before May 15 \$100.00

After May 15- June 30 is 50% of fees

After June 30 2017 100% of fees

Payment method Cash or cheque only.

Mail or drop off at: Seven Summits Equestrian Centre
1561 Flos rd 8 W RR1
Elmvale Ont
L0L 1P0

Fax: 705-322-2999

Phone: 705-322-8181

HOW DID YOU HEAR ABOUT SEVEN SUMMITS CAMP?

Seven Summits Riding Camp

Application form

Today's Date _____

Please submit a separate form for each camper _____

Campers Name: _____

Sex: M / F Birthdate: _____ Age: _____

Parent 1/ Primary Contact:

Name: _____

Address: _____ Apt #: _____

City: _____ Prov: _____ Postal Code: _____

Home Tel: _____ Work Tel: _____

Cell: _____ Email: _____

Parent 2/ Secondary Contact:

Name: _____

Address: _____ Apt #: _____

City: _____ Prov: _____ Postal Code: _____

Home Tel: _____ Work Tel: _____

Cell: _____ Email: _____

Emergency Information Mandatory

Campers Health Card # _____

Emergency contact if parents cannot be reached

Name: _____

Home Tel: _____ Work Tel: _____

Cell: _____

Seven Summits Riding Camp

MEDICAL INFORMATION

Does your child have any health or behavioural conditions we should be aware of? For example diabetes, epilepsy, convulsions, heart disease, kidney trouble, hearing difficulties, emotional concerns, asthma, sight difficulties, special needs or learning disabilities? Y / N

Does your child have any allergies? For example drugs, peanuts, milk, sunscreen, animals, insect bites or hay fever? Y / N

Is your child under any form of treatment for physical or emotional illness, condition or injury? Y / N

Will your child be carrying any medication to be taken/ administered at Summer Camp? For example ANA kit, EPI Pen, Asthma ventilator, Ritalin or other stimulants? Y / N

If you answered yes to any of these questions please elaborate below.

Is your campers immunization up to date: Y / N

Is there anything else related to camp that you would like us to know that will help us give your camper a positive experience? For example past history, fears, preferences, personal goals etc?

Which parent should receive correspondence? Parent 1 Parent 2

Which Parent has legal custody? Parent 1 Parent 2

Which parent has legal access? Parent 1 Parent 2

THIS DOCUMENT WILL AFFECT YOUR LEGAL RIGHTS AND LIABILITIES

PLEASE READ CAREFULLY

**AGREEMENT FOR ACCEPTANCE OF RISK AND WAIVER OF LIABILITY
FOR A MINOR CHILD**

I REQUEST PERMISSION FOR MY CHILD _____ TO PARTICIPATE IN HORSEBACK RIDING AND OTHER RELATED ACTIVITIES AT OR IN SEVEN SUMMITS EQUESTRIAN CENTER OR ORGANIZED BY LISE LEMAY-CORLETT.

I FULLY UNDERSTAND THAT HORSEBACK RIDING, HANDLING AND GROOMING OF HORSES AND OTHER STABLE ACTIVITIES ARE VERY DANGEROUS. I WISH TO ALLOW MY CHILD TO PARTICIPATE IN THESE ACTIVITIES KNOWING THAT THEY ARE DANGEROUS.

I ACCEPT AND ASSUME ALL RISK OF INJURY (INCLUDING DEATH) TO MY CHILD OR MY PROPERTY. I REPRESENT AND WARRANT THAT I HAVE AUTHORITY TO GIVE THIS RELEASE.

IN EXCHANGE FOR MY CHILD BEING PERMITTED TO PARTICIPATE IN THESE ACTIVITIES, FOR MY CHILD, MYSELF, MY CHILD'S HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES, I RELEASE AND AGREE NOT TO MAKE ANY CLAIMS OF ANY KIND AGAINST SEVEN SUMMITS EQUESTRIAN CENTER OR LISE LEMAY-CORLETT OR OFFICIALS, SERVANTS, EMPLOYEES, REPRESENTATIVES, OFFICERS AND DIRECTORS FOR ANY INJURY (INCLUDING DEATH), TO MY CHILD OR ANY DAMAGE TO MY PROPERTY ARISING OUT OF MY CHILD'S PARTICIPATION IN THESE DANGEROUS HORSEBACK RIDING OR RELATED ACTIVITIES.

I ACKNOWLEDGE AS PARENT/GUARDIAN OF _____ THAT I HAVE READ AND FULLY UNDERSTAND AND AGREE TO THE TERMS AND CONDITIONS STATED HEREIN AND THIS IT IS BINDING UPON MY EXECUTORS, HEIRS AND ASSIGNS.

DATED: _____

SIGNATURE OF PARENT/GUARDIAN: _____

PRINT NAME: _____ CHILD'S NAME: _____

WITNESS _____