

## **DAY CAMP REGISTRATION 2024**

Name							
	(surname)		(given name)			(used name)	
	Address	e-mail				Phone No.	_
Height	Weight					e	
Health Card N	Number		Riding Experie	nce/Horse	request		
If your child	red: <u>(date)</u> d has a food allergy cial need(s) please l	, sensitivity, or	other				_
Mother's Name			Father's	Father's Name			-
Phone: Hor	me 1	3us	Phone: H	Iome		Bus	
Cell:	Email		Cell:		Email		
Approved Rid	ling Helmet: I will	need to rent an e	equestrian riding he	elmet:	Yes	No	
RATES: Inclu	ide accommodation,	constant superv	ision, snacks in the	afternoon,	use of camp	facilities, & many hour	rs of horseback

riding over the acres of camp trails. Please pack a lunch for your child each day. Day camp rate: \$589.00 + HST. Riding helmets available at a rate of \$10 for the week.

The Dude Ranch will make no refunds to campers who are sent home due to unacceptable language or conduct that is detrimental to the well-being of other campers. Although telephones are available, we strongly recommend that they be used only for emergencies. This will allow your child to focus on the program & enjoy their vacation at the ranch. Please do not send cell phones or other valuables including electronic devices to camp. The Dude Ranch cannot be responsible for any lost or damaged valuables.

A \$250(per week registered) non-refundable, but transferable, deposit is due with this registration. Sorry no credit cards / debit cards accepted. Payments can be made via cheques, cash, or etransfers to duderanchontario@gmail.com. Please be aware that photos of your child may be taken for display or promotion of our activities. If you do not wish for your child to be photographed please let us know in writing prior to the first day of camp. Please fill out the health form and send with this to secure your spot.

I understand that camp is an unplugged environment and my child will not bring any electronic devices such as cell phones, tablets, gaming devices, etc. Initials

Parent/Guardian Signature: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

32553 Erin Line Fingal, Ontario NOL1K0 (519)762-5402 Email completed form to: duderanchontario@gmail.com "CAMPS FOR KIDS SINCE 1957" "CREATING MEMORIES THAT LAST A LIFETIME"