



**Giddy Up and Go Riding Camps - 2021 Registration Form**  
**Sault Ste. Marie Horse and Pony Club Inc.**

647 Old Garden River Road  
 Sault Ste. Marie, ON P6A 6J8 / (705) 987-5551

Camper Name(s): \_\_\_\_\_

Age: \_\_\_\_\_ Sex: M or F Email: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Medical Condition(s): \_\_\_\_\_

Please circle the appropriate riding level of the camper:

Former Camper

Beginner

Lesson Program Rider

**Signature of Parent/Guardian or Adult Rider** \_\_\_\_\_

Date of Camp (1<sup>st</sup> Choice): \_\_\_\_\_ Fee: \_\_\_\_\_

Date of Camp (2<sup>nd</sup> Choice): \_\_\_\_\_ Fee: \_\_\_\_\_

Camp	Fees	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6
Regular Full Day 9-4	\$450	July 5-9	July 12-16		July 26-30	Aug 3-6 \$360	
Tykes 8:30-12 or 1-4:30	\$275			July 19-23			
Regular a.m. only 9-12:30	\$275						Aug 9-13
Evening 6-9	\$250						Aug 9-13

## Registration Details

- Registration forms can be submitted any time and spots will be filled on a “first come, first served” basis.
- A signed HEP waiver must be included with the registration. The waiver can be found on our website @ [www.ssmhpc.com](http://www.ssmhpc.com) or are available in the Club House
- A cheque—written to SSMHPC— or E-transfer to [ssmhpc@gmail.com](mailto:ssmhpc@gmail.com) must be made to secure a spot.
- Registration forms including HEP waiver can be mailed or dropped off in the mailbox labelled “Summer Camp” in the Club House.
- Cancellations 30 days prior to the first day of camp will receive a refund. You will be charged a \$50 admin fee.

### Photo and Video Consent:

By signing below you are consenting to the taking of photographs and/or video recordings of the above mentioned camper by SSMHPC. You are assigning to SSMHPC, and waiving any rights you have related to, any such photographs and/or video recordings, in whole or part, by SSMHPC.

I have read and understand the Photo and Video Consent: *(Please Initial)* \_\_\_\_\_

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### For Office Use Only

Date Received: _____	Chq. Date: _____
Name On Cheque: _____	Chq. Number: _____
Date Notified: _____	Chq. Amount: _____
E-Transfer Email: _____	Transfer Date: _____