



Giddy Up and Go Riding Camps - 2022 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 (1st Choice): _____ Fee: _____

Date of Camp (2nd Choice): _____ Fee: _____

Camp	Fees	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7
Regular 9-4	\$450	July 4-8	July 11-15				Aug 8-12	Aug 15-19
Regular 4 day	\$360					Aug 2-5 \$360		
Tykes 8:30-12 or 1-4:30	\$275			July 18-22				
Show 9-4	\$450				July 25-29			

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 or are available in the Club House
- A cheque—written to SSMHPC— or E-transfer to 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)* _____

For Office Use Only

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