



**Giddy Up and Go Riding Camps - 2023 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	Week 7
Regular 9-4	\$470	July 3-7	July 10-14			July 31- Aug 4		Aug 14-18
Regular 4 day	\$380						Aug 8-11	
Tykes 8:30-12 or 1-4:30	\$295			July 17-21				
Show 9-4	\$470				July 24-28			

## 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) & Registration Forms must be submitted together to secure a spot. Please include the campers name in the memo line.
- 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: \_\_\_\_\_