

## Giddy Up and Go Riding Camps - 2025 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:	S	ex:M or F	Email:					
Address:Postal Code:								
Cell Phone:Home Phone:								
Parent or Guardian:								
Alternative Contact & Number:								
Medical Condition(s):								
Please circle the appropriate riding level of camper: Former Camper Beginner Lesson Program Rider								
Signature of Parent/Guardian or Adult Rider								
Date of Camp (1st 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)	\$525		July 7-11	July 14-18				Aug 11-15
Regular - 4day	\$425						Aug 5-8	
Tykes (8:30-12:30)	\$325					July 28- Aug 1 AM		
Show (8:00-3:00)	\$625	June 30 – July 4						
Adult (6-9pm)	\$275					July 28-		

## **Registration Details**

- Registration forms can be submitted any time and spots will be filled on a "first come, first served" basis.
- A signed 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
- E-transfer to ssmhpc@gmail.com & Registration Forms must be submitted together to secure a spot. Please include the campers name and camp date in the memo line.
- Payment sent without Registration forms will not guarantee a spot.
- Registration forms including Waiver can be emailed to <u>ssmhpc.summercamp@gmail.com</u> or dropped off in the mailbox labelled "Summer Camp" in the Club House.
- Cancellations prior to June 1st 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
Name :
E-transfer Email :
Date Received :
Date Notified :