

Camper Registration Form for Sagitawa Trailrides

TR 1: 11+ yrs (or turning 11 this calendar year) – July 1 - 7: \$290

TR 2: 11+ yrs (or turning 11 this calendar year) – July 8 - 14: \$290

TR 3: 12+ yrs (or turning 12 this calendar year) – July 16 - 25: \$360

Please try to put me in a teepee with the following friend(s): _____

GENERAL INFORMATION:

First Name: _____ Last Name: _____

Mailing Address: _____ City/Prov: _____ Postal Code: _____

Date of Birth (mm/dd/yy): _____ Age at camp: _____ Gender (M/F): _____

Parent E-mail: _____

Approximate weight (lbs): _____ T-shirt Size: YM___ XS___ S___ M___ L___ XL___

Hours of riding experience: _____ Riding Level: Beginner Intermediate Advanced

The next 3 points are optional – but helpful to camp. Please indicate with either a Y or a N.

Point 1: I give Sagitawa permission to send me brochures and newsletters or emails about upcoming camps for the next two years. Note: We also remove from mailing lists on request. This is not a 2 year commitment. _____

Point 2: I grant permission for Sagitawa to use pictures of my child in the camp picture book. _____

Point 3: I further permit Sagitawa to use pictures of my child in their brochures, displays, printed material, or on our web pages (without names attached). _____

CONTACT INFORMATION

Parent Name(s): _____ Phone – home: _____

Phone – cell: _____ Phone – cell 2: _____ Phone – work: _____

Emergency Contact:

Contact Name: _____ Relationship to camper: _____

Phone – emerge.: _____ Phone – emerge. 2: _____

HEALTH INFORMATION:

In case of serious accident or illness every person must be covered by the BC Health Plan or an equivalent policy.

Care Card (Health Number): _____

Family Doctor: _____ Doctor Phone: _____ Year of Last Tetanus Shot: _____

Describe Medical Plan if other than provincial: _____

Check areas that apply: Allergies: ___ Dietary: ___ Significant injuries/illnesses: ___

Limitation that may affect camp: ___ Other: ___ None apply: ___

Please provide details for above selection:

