

SANDELWOOD STABLES

2025 Day Camp Registration Form

6674 Smith Blvd., Peferlaw, ON L0E 1N0
Tel. (905) 722-3953 www.sandelwoodstables.com



2025

Camper's Name: _____ Nickname: _____

Parent's Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone -Home: _____ Cell: _____ Home: _____

Your E-mail: _____

Camper's Birth Date: _____ Age on March 1st: _____ Gender: _____

Health Insurance #: _____ Medicare #: _____

Riding experience: _____

Does the camper have any allergies or medical conditions? _____

If yes, please explain: _____

<input type="checkbox"/> March 10-14	<input type="checkbox"/> July 21-25	<input type="checkbox"/> Aug 11-15
<input type="checkbox"/> July 7-11	<input type="checkbox"/> July 28- Aug 1	<input type="checkbox"/> Aug 18-22
<input type="checkbox"/> July 14-18	<input type="checkbox"/> Aug 4-8	<input type="checkbox"/> Aug 25-29

\$350 PER WEEK
X _____ WEEKS
= \$ _____

Payment and Cancellation Policies 2025

Deposit

50% non-refundable deposit is required to secure a session space at time of registration. Remaining fee is payable on or before the start of the first day of camp. Cheques made payable to Sandelwood Stables.

Cancellations & Refunds

No refund, reduction of fees or credit will be granted for late arrival, early departure, withdrawal, or dismissal.

COVID-19 Cancellations

In the event that the ongoing COVID-19 pandemic continues into Summer 2025 and government restrictions or Public Health guidelines prevent the Camp from operating as planned, parents will be entitled to a full refund of fees paid. This exemption will also be extended to campers who are prevented from attending Camp due to an inability to comply with mandated regulations.

Declaration:

I desire my child to participate in the full program and all activities unless I advise you otherwise in writing. I agree that, having taken such precautions as in your discretion are deemed advisable, you shall not be held responsible for any accident or sickness to my child. If for any reason my child required medical attention or special medication beyond that furnished, I agree to be responsible for any expenses incurred. I AGREE TO RELEASE SANDELWOOD AND/OR THEIR STAFF FROM ALL DAMAGES, LIABILITIES OR LIENS AND WAIVE ANY CLAIMS OR RIGHTS OF ACTION AGAINST SAME.

Date: _____

Signature of Parent or Guardian: _____

Any comments or special requests: _____



"Riding for the fun of it!"

