**2016 SLOV Winter Education Camp**

**March 4, 5, 6 2016**

**General Information & Registration Instructions**

**Arrival:** Between **4 & 6 P.M.,** Friday, March 4th, 2016

**Departure:** No later than **11:30 A.M.,** Sunday, March 6th, 2016

**Location:** [MacSkimming Outdoor Education Center,](http://www.ottawa-outdoor-education.ca/macskimming.aspx) [3700 Wilhaven Drive, Cumberland, Ontario](http://www.google.de/search?q=3700+Wilhaven+Drive+Cumberland)

**Accommodations:** are dorm or cabin style. The dorms have bathrooms, electricity and regular heat and are generally reserved for the clinicians and younger children. The cabins are rustic and heated by wood stoves and they must be monitored throughout the day to ensure the cabins keep warm. Washrooms & showers are located at the main buildings.

**Participants:** This camp is for all 2016 members of the St Lawrence Ottawa Valley Region of the Canadian Pony Club. Membership with Canadian Pony Club and Ontario Equestrian Federation/Fédération Équestre du Quebec must be in good standing. This activity is limited to approx. 80 members. Participants will be divided into groups based on their Pony Club level. Untested and “under” tested members will join a group based upon their current level and age.

**Chaperones:** Each branch must send at least **one** chaperone for every four members. (Clubs are encouraged to not send chaperones and members on a one to one basis unless absolutely necessary) Each chaperone is asked to indicate the accommodation preference for ***their group*** on the Chaperone Application. There is no guarantee we can fulfill the preference. It will be on a “first come first serve” basis.

All chaperones **MUST** have a valid/clean “Vulnerable Sector Police Check”. Please submit copy with Chaperone Application. They are valid for 3 years. These checks are free of charge with a copy of the attached letter. If you require one, please complete the attached form, bring appropriate ID and visit <http://www.ottawapolice.ca/en/contact-us/Find-a-Police-Station.asp> for location where Record Checks can be performed. Record Checks can take up to 8 weeks to process, so please don’t delay. It’s a good idea to request a second copy at time of application as National Events often require an original copy.

**Cost:** Participant fees cover tuition, accommodation, all meals on Saturday, and breakfast and snacks on Sunday morning. (Exception: day rate will include Sat clinics, snacks and lunch)

If sufficient interest warrants it, we will have a **potluck** supper at the Village Inn Friday night. Participants should provide a list of ingredients for anything they bring to the event.

**Registration Fees:** **$95 per participant $50 for chaperones $55 Day rate for Saturday**

Registration closes midnight Wednesday, February 10, 2016. After this time no refunds will be made without a doctor's note and further registrations will only be accepted at the discretion of the organizers.

**To register:** Please complete Registration and Consent Form A (children), Registration Form B for One Day Rate, Registration Form C for Chaperones. *All* participants and chaperones must complete the Acceptance of Risk Form D. Please enclose a cheque made payable to SLOV for the appropriate amount.

Sign all completed forms and mail them to: Trillium Pony Club, 1750 Burnt Lands Rd, Carp, ON K0A 1L0

Please contact Candace Collins at trilliumponyclub@gmail.com or text/phone 613-323-5445 with any questions or concerns.

**Directions and Camp packages will be emailed after registrations have been received.**

**SLOV Winter Education Camp 2016 (Form A)**

**This form is to be used for Pony Club Members (children)**

|  |  |
| --- | --- |
| Name: |  |
| Mailing Address: |  |
| Current Age: |  | Gender: |  | Pony Club Branch: |  |
| Current SM Level: |  | SM Level to be Tested in 2016: |  |
| Email where important messages can be sent: |  |
| Meal Preference: |  |
| Will participate in Friday potluck? |    |
| Food Allergy or Intolerances: |  |
| Health Concerns: |  |
| Medications: (please list) |  |
| *Note: All medications must remain with your chaperone throughout the weekend.* |
| Accommodation Preference: |  |
| ***There is no guarantee that you will get your preferred accommodation but we will do our best.*** |
| *The following information will only be used in the event of emergency or severe weather warnings.* |
| Emergency Contact: |   |
| Phone: |   | Email: |   | Cell: |   |
| Person responsible for transportation to and from camp: |   |
| Email: |   | Home Phone: |   | Cell: |   |

All active member participants must wear their medical armband and CPC pins. *Please ensure that the information required on the insert is up to date and accurate.*

**Consent Form**

I, give my permission for \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the SLOV Winter Education Camp, March 4 to March 6, 2016 at the MacSkimming Outdoor Education Center in Cumberland. I agree for to chaperone my child in this activity. *(A chaperone* ***must*** *be named on this form)*

Please complete Form D Acceptance of Risk to accompany this registration.

Signed (If under 18 this must be signed by a parent/legal guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Members Signature (if over 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Mail completed forms and a cheque for the registration fee of $95.00

**Confirmation of registration is subject to verification of membership status**

For Administrative Use Only: Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration Fee $95.00 Received\_\_\_\_\_\_\_

**SLOV Winter Education Camp 2016 (Form B – *Saturday Only*)**

**This form is to be used for Pony Club Members (children)**

|  |  |
| --- | --- |
| Name: |  |
| Mailing Address: |  |
| Current Age: |  | Gender: |  | Pony Club Branch: |  |
| Current SM Level: |  | SM Level to be Tested in 2016: |  |
| Email where important messages can be sent: |   |
| Meal Preference: |  |
| Food Allergy or Intolerances: |   |
| Health Concerns: |  |
| Medications: (please list) |  |
| *Note: All medications must remain with your chaperone for the day.* |
| *The following information will only be used in the event of emergency or severe weather warnings.* |
| Emergency Contact: |   |
| Phone: |   | Email: |   | Cell: |   |
| Person responsible for transportation to and from camp: |   |
| Email: |   | Home Phone: |   | Cell: |   |

All active member participants must wear their medical armband and CPC pins. *Please ensure that the information required on the insert is up to date and accurate.*

**Consent Form**

I, give my permission for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the SLOV Winter Education Camp, March 5th 2016 at the MacSkimming Outdoor Education Center in Cumberland. I agree for to chaperone my child in this activity. *(A chaperone* ***must*** *be named on this form and must be available for the entire day)*

Please complete Form D Acceptance of Risk to accompany this registration.

Signed (If under 18 this must be signed by a parent/legal guardian) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Members Signature (if over 18):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Mail completed forms and a cheque for the registration fee of $55.00

**Confirmation of registration is subject to verification of membership status**

For Administrative Use Only: Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Registration Fee $55.00 Received\_\_\_\_\_\_\_

**SLOV Winter Education Camp 2016 (Form C)**

**This form is to be used for Chaperones (Adults)**

|  |  |
| --- | --- |
| Name: |  |
| Mailing Address: |  |
| Phone: |   | Email: |   | Cell: |   |
| PC Branch: |   | Gender: |   |
| Meal Preference:  |  |
| Will participate in Friday potluck? |    |
| Health Concerns: |  |
| Medications: |  |
| Accommodation Preference: |  |
| ***There is no guarantee that you will get your preferred accommodation but we will do our best.*** |
| Emergency Contact:  |  |
| Phone: |   | Email: |   | Cell: |   |
| ***Details of members you are chaperoning*** |
| Name | Age | Gender | Branch | Related to Chaperone? |
|  |  |  |  |    |
|  |  |  |  |    |
|  |  |  |  |    |
|  |  |  |  |    |
| Duties (select 1) |   |

**Chaperone Duties and Responsibilities**

**All** Chaperones must help with the **preparation of meals** and other miscellaneous duties.

Chaperones will be responsible for the safe storage of medications for their group. Chaperones are responsible to ensure that **they know the whereabouts of their entire group at all times**.

Changes may be made to the group you are chaperoning any time prior to **February 17, 2016** by contacting Candace Collins. Once camp has begun ANY changes to the group you will be chaperoning MUST be reported to and approved by Candace Collins and the Safety Officer. A chaperone may not be assigned to any more than four participants. If for any reason you cannot attend camp a substitute chaperone must be sent in your place.

Please complete Form D Acceptance of Risk to accompany this registration.

I have ***read and agree*** to the entire above chaperone duties:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For Administrative Use Only:

Chaperone Fee of $50.00 enclosed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Police Check on File: \_\_\_\_\_ Police Check attached: \_\_\_\_\_**SLOV Winter Education Camp**

**Acceptance of Risk - Participants & Chaperones (Form D)**

**Please complete one form for each child and each adult attending camp**

 I acknowledge that I am participating at my own risk and in full knowledge of the hazards and potential hazards inherent in this activity as well as inherent risks running, playing, snowshoeing and attending a bonfire, and the potential for other participants to behave in a negligent manner that may contribute to injury to themselves, myself or others. In consideration given for my participation in the SLOV Winter Education Camp being held at the Pioneer Village and Trails End of the MacSkimming Outdoor Education Center, Cumberland, Ontario, March 4th, March 5th and 6th, 2016 inclusive.

I and my heirs, executors, administrators and assigns agree:

 **•To waive all claims that I might have against** the Organizing committee, the Canadian

Pony Club, the St. Lawrence Ottawa Valley Region of Pony Club (SLOV), and its affiliated branches, as well as their directors, officers, agents, representatives, employees, officials, members, associate members, volunteers, and the owners or occupiers of this property upon which the activity is held. (all of them collectively called “Host” hereafter)

 \***Initials: \_\_\_\_\_\_\_\_\_\_\_**

 **•To release the “Host” from any and all liability** for any loss, damages, injury, or expense that I or my “Legal Representative” might suffer as a result of my participation due to any cause whatsoever including any negligence on the part of the host; and

 \***Initials: \_\_\_\_\_\_\_\_\_\_**

 **•To HOLD HARMLESS AND INDEMNIFY THE “HOST”** from any and all liability for bodily injury or property damage to any third party which might result in participation.

 \***Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby declare that in signing this document I have read and fully understand and agree to the terms and conditions stated herein and that it is binding upon my executors, heirs and assigns.

**Name:** \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Phone:** \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address:** \_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*Signature of Participant:** \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***NOTE: If the participant is less than 18 years of age, a parent or guardian must sign below*.**

I acknowledge as the parent /guardian of \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_that I have read, fully understand and agree to the terms and conditions stated herein on behalf of \_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_and me.

**\*Parent/Guardian Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Parent/Guardian (Please Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_