

2016 SLOV Winter Education Camp

March 2, 3, 4 2018

General Information & Registration Instructions

Arrival: Between **4 & 6 P.M.**, Friday, March 2th, 2018

Departure: No later than **11:30 A.M.**, Sunday, March 4th, 2018

Location: [MacSkimming Outdoor Education Center, 3700 Wilhaven Drive, Cumberland, Ontario](#)

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 2018 members of the St Lawrence Ottawa Valley Region of the Canadian Pony Club. Membership with Canadian Pony Club 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 knowledge 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” on file with National Pony Club. They are valid for 3 years. These checks are usually free of charge for volunteers with a letter, ask your DC for further information. If you require one, visit <http://www.ottawapolice.ca/en/contact-us/Find-a-Police-Station.asp> for information for Ottawa. Record checks can take up to 8 weeks to process, so don't delay. It's a good idea to request a second copy at time of application as National requires an original. These forms need to be on file at National prior to the start of the activity.

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)

Registration Fees: **\$95 per participant \$50 for chaperones/volunteers staying overnight \$55 Day rate for Saturday**

Registration closes Wednesday, February 7, 2018. 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/Volunteers staying overnight. All participants and chaperones/Volunteers 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: AllisonMoore, 3876 John Shaw Rd, Kinburn, ON, K0A 2H0.

Please contact Allison Moore at AllisonMoore1@aol.com or by cell at 613-581-1870 with any questions or concerns. **Directions and Camp packages will be emailed after registrations have been received.**

SLOV Winter Education Camp 2018 (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 2018:		
Email where important messages can be sent:					
Meal Preference:	<input type="checkbox"/> Regular	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Lactose Free	<input type="checkbox"/> Gluten Free	
Will participate in Friday potluck?	<input type="checkbox"/> yes		<input type="checkbox"/> no		
Food Allergy or Intolerances:					
Health Concerns:					
Medications: (please list)					
<i>Note: All medications must remain with your chaperone throughout the weekend.</i>					
Accommodation Preference:	<input type="checkbox"/> Cabin		<input type="checkbox"/> Dorm		
<i>There is no guarantee that you will get your preferred accommodation but we will do our best.</i>					
<i>The following information will only be used in the event of emergency or severe weather warnings.</i>					
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 2 to March 4, 2018 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 2018 (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 2018:		
Email where important messages can be sent:					
Meal Preference:	<input type="checkbox"/> Regular	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Lactose Free	<input type="checkbox"/> Gluten Free	
Food Allergy or Intolerances:					
Health Concerns:					
Medications: (please list)					
<i>Note: All medications must remain with your chaperone for the day.</i>					
<i>The following information will only be used in the event of emergency or severe weather warnings.</i>					
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 3th 2017 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 2018 (Form C)
This form is to be used for Chaperones/Volunteers staying overnight (Adults)

Name:					
Mailing Address:					
Phone:		Email:		Cell:	
PC Branch:		Gender:			
Meal Preference:	<input type="checkbox"/> Regular	<input type="checkbox"/> Vegetarian	<input type="checkbox"/> Lactose Free	<input type="checkbox"/> Gluten Free	
Will participate in Friday potluck?	<input type="checkbox"/> yes		<input type="checkbox"/> no		
Health Concerns:					
Medications:					
Accommodation Preference:	<input type="checkbox"/> Cabin		<input type="checkbox"/> Dorm		
<i>There is no guarantee that you will get your preferred accommodation but we will do our best.</i>					
Emergency Contact:					
Phone:		Email:		Cell:	
<u>Details of members you are chaperoning</u>					
Name		Age	Gender	Branch	Related to Chaperone?
					<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no
					<input type="checkbox"/> yes <input type="checkbox"/> no
Duties (select 1)	<input type="checkbox"/> Meal Prep		<input type="checkbox"/> Craft Room		<input type="checkbox"/> Fire Officer <input type="checkbox"/> Clean Up

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 14, 2018** by contacting Allison Moore. Once camp has begun ANY changes to the group you will be chaperoning **MUST** be reported to and approved by Allison Moore 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:

Fee of \$50.00 enclosed: _____ Date Received: _____

Police Check on file with National: _____

**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 2th, March 3th and 4th, 2018 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) _____