

# Mountain View



## Adventures

### MOTHER/DAUGHTER CAMP REGISTRATION

Mountain View Adventures  
17366 Telkwa High Rd, Smithers BC, V0J 2N7  
Phone: 250 847 5101 e-mail: [info@mvtrailriding.com](mailto:info@mvtrailriding.com)  
Website: [www.mvtrailriding.com](http://www.mvtrailriding.com)

**Fill out both sides of this form, Please Print Clearly**

Date of Camp: \_\_\_\_\_

**Name of mother:** \_\_\_\_\_

Age \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Medical Insurance #: \_\_\_\_\_

Riding experience: \_\_\_\_\_

Special Food requirements: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

**Name of daughter:** \_\_\_\_\_

Age \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Medical Insurance #: \_\_\_\_\_

Riding experience: \_\_\_\_\_

Special Food requirements: \_\_\_\_\_

Allergies/Medical Conditions: \_\_\_\_\_

Postal Address: \_\_\_\_\_ City: \_\_\_\_\_

Postal Code: \_\_\_\_\_ e-mail: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work: ( ) \_\_\_\_\_ Cell: ( ) \_\_\_\_\_

#### **Emergency Contacts:**

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Conditions & agreements: (please read and sign below)**

- I. Balance of camp fees are due at the time of booking.
- II. Please make cheque or money order **payable to Mountain View Adventures.**
- III. No reductions in costs for any reason are allowed for campers arriving late or leaving early. No refunds will be made for participants sent home early for misconduct. Refund policies can be found on our website at [www.mvtrailriding.com](http://www.mvtrailriding.com)
- IV. Insurance coverage of the participants is their responsibility and that of their parent or legal guardian
- V. We wish to participate in the full program and all activities, unless we advise otherwise in writing. If while at camp, my child or myself should become ill or injured, the directors have my full permission to take whatever action they deem necessary or advisable and authorize appropriate medical treatment. I agree to be responsible for any expenses incurred.
- VI. I have been advised that wearing proper footwear and a riding helmet can prevent, or significantly reduce injuries to my child in the case of an accident and I understand that I have to provide such equipment, should I wish my child to wear it. **The wearing of an approved riding helmet is mandatory and helmets can be rented if so required.**
- VII. I hereby acknowledge that I am fully aware that there are risks in horse/outdoor activities, even when all due care is taken by supervising staff. Therefore I agree to assume all risks involved in attending camp with my daughter, including traveling before and after. I agree to pay the cost of any emergency evacuation that might become necessary. I agree to Angelika, Tanja & Peter Langen, Christian Enterlein, Mountain View Adventures, their servants and agents relieving themselves of all liability for losses and damages of all and any description. I acknowledge having read this liability release and confirm my acceptance of the release. I am over 19 years old.

Date: \_\_\_\_\_

Adults signature: \_\_\_\_\_

## Payment Sheet

Camp Fee                      \$ \_\_\_\_\_ (\$175 per person)

Helmet Rental                \$ \_\_\_\_\_ (\$10 per person unless you can supply  
your own certified riding helmet)

**Subtotal**                      \$ \_\_\_\_\_

HST (12%)            +            \$ \_\_\_\_\_

**TOTAL**                         \$ \_\_\_\_\_

You may pay via cash, cheque, money order or  
credit card.

All payments should be made payable to **MOUNTAIN VIEW ADVENTURES**

### Credit Card Authorization

For your convenience we offer you the opportunity to settle your accounts via Credit Card. We work with a company called **Adventure Engine**, which enables us to process your payment on line. The following information is required to process the payment and to send you a receipt. **PLEASE FILL OUT CAREFULLY!**

#### **PLEASE PRINT CLEARLY**

\_\_\_ Visa            \_\_\_ MasterCard

Card number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name that appears on card: \_\_\_\_\_

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

Phone #: \_\_\_\_\_

e-mail address to send receipt to: \_\_\_\_\_

Total \$ \_\_\_\_\_

\_\_\_\_\_

Signature of card holder