



Fraser Equestrian Centre  
Summer Training Camps (2015)  
APPLICATION FORM

**Please print.**  
**Mail or deliver application to:**  
Susan Fraser  
**Fraser Equestrian Centre**  
2020 Saxon Street  
RR#1 Port Williams

**Rider's Information:**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Riding Experience:

\_\_\_\_\_

Discipline (circle all that apply): Dressage Hunter Jumper Eventing Other

Do you compete? Yes No

If yes, in what disciplines and at what level(s)?

\_\_\_\_\_

**Horse's Information:**

I will be bringing a horse to camp: Yes No

I will require the use of a FEC horse: Yes No

Horse's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Discipline (circle all that apply): Dressage Hunter Jumper Eventing

Other \_\_\_\_\_

Do you compete with this horse? Yes No

If yes, in what disciplines and at what level(s)?

\_\_\_\_\_

\_\_\_\_\_



What are your riding goals for this camp?

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Check the week(s) that you would like to join us:

June 29-July 3

July 6-9

July 13-17

July 20-24

July 27-31

Aug 3-7

Aug 10-14

Aug 17-21

Aug 24-28

Aug 31-Sept 5

Accommodations:

I would like to stay in the house

I will be staying off site

\*I expect to arrive:

Sunday July \_\_\_\_\_ at about \_\_\_\_\_

Sunday Aug \_\_\_\_\_ at about \_\_\_\_\_

Other \_\_\_\_\_

\*Please **confirm your arrival time** with FEC on **the Saturday before your camp** begins.

**Contact Information (adult rider):**

Phone:

h) \_\_\_\_\_

w) \_\_\_\_\_

c) \_\_\_\_\_



Parent/Guardian Contact Information (riders under 18):

Phone:

h) \_\_\_\_\_

w) \_\_\_\_\_

c) \_\_\_\_\_

Primary e-mail address: \_\_\_\_\_

Rider's Physician \_\_\_\_\_ Phone: \_\_\_\_\_

EMERGENCY CONTACT, relationship to rider and phone number:

\_\_\_\_\_

**Training Camp Cost:** \$650 + HST = \$747.50 per week

**Terms:**

\$200 non-refundable deposit to accompany this form

Balance (\$547.50) to be paid upon arrival.

Checks payable to: Susan Fraser  
Mail or deliver to: Susan Fraser  
FRASER EQUESTRIAN CENTRE  
2020 Saxon Street  
RR#1 Port Williams  
Nova Scotia  
B0P 1T0

Phone: (902) 582 7590 or (902) 670-9085

e-mail: [susan.fraser@ns.sympatico.ca](mailto:susan.fraser@ns.sympatico.ca)

**Health**

Please indicate any illnesses, food or environmental allergies that we should be aware of. This is strictly confidential and is merely a precaution. Only mention anything that you feel could compromise the your/the rider's health in an accident scenario or be potentially life threatening such as allergies. **Please be aware that there will be nuts and nut products, egg and dairy products on site.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Waiver and Release**

The undersigned hereby agrees that this activity is and shall be at his/her own risk against all bodily injury or casualty to himself/herself or his/her horse and/or property, hence:

I take all risks of every kind, no matter how caused, and I hereby release and discharge Fraser Equestrian Centre and/or Susan M. Fraser its successors and assigns, its employees/volunteers and indemnify them of and from all actions, claims and demands of every nature and kind what so ever which the undersigned, or the undersigned heirs, executors, administrators or assigns, may now or can at any time hereafter have against them or any of them for or on account of any loss, damage or injury to the undersigned, the undersigned person or property while at Fraser Equestrian Centre whether or not caused directly or indirectly by the negligence of any of them or otherwise how so ever.

Signed this \_\_\_\_ day of \_\_\_\_\_, 2015.

Rider's Name (please print): \_\_\_\_\_

Rider's Signature: \_\_\_\_\_

Parent/Guardian (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_