



790 Chalk Lake Road, Uxbridge, ON. L9P 1R4

905-649-2058 or 905-686-3607

Fax 905-649-3752

www.ski-lakeridge.com / skilakeridge@zing-net.ca

Classic Adventure Sports Camp & Specialized Mountain Bike Camp 2011

Welcome to Classic Adventure Sports Camp and Specialized Mountain Bike Camp! Our TEAM is eager to assist your camper to have an active and exciting summer by engaging in a variety of different activities, which promote teamwork and personal achievement. These activities are designed with varying degrees of challenge ensuring your camper expands their physical and emotional boundaries in a safe and fun environment.

Our wide variety of activities include mountain biking, ropes course, balance challenge, portable low ropes, obstacle course, climbing wall, organized sports, co-operative initiatives, adventure orienteering; large group activities, a wide variety of games and more. We also offer an optional mountain biking specialty camp!

Everyone loves the excitement of a challenge. Check out our camp today!

Program Options

Classic Adventure Sports Camp (ages 7-12)

This exciting program offers a good variety of activities that includes High Ropes, Climbing Wall, Mountain Biking, Balance Challenge, Competitive and Cooperative Games and Much More!

In this camp, our trained Instructors use our remarkable facilities and wonderful property to create a fun program that is tailored to the ages of the campers and their expectations for the week.

Specialized Mountain Biking Camp (ages 9-14)

This is a safe and fun program where campers challenge themselves by tackling the wild Oak Ridges Moraine by bike. Previous mountain biking skills are required as the focus of this camp includes: bike handling, bike care and maintenance, free riding, wilderness safety and awareness and terrain tactics. When time and interest permits, there would be an opportunity to experience some of the other exciting activities available at Lakeridge.

Junior Leadership Program: (ages 15-16)

This camp is designed for Youth that are interested in working with children and developing their leadership skills while gaining valuable work experience. Once the Junior Leader has completed their training, they have the opportunity to assist in one or more of our camps at no cost.



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Camp Dates and Times

Camp program: 9:00am to 4:00pm.

Early DROP OFF starting: 8:00am Late PICK UP until: 5:00pm

\$10.00 penalty for every half hour; when picking up after 5pm.

CLASSIC ADVENTURE CAMP: Runs 8 weeks

MOUNTAIN BIKE CAMP: Runs 4 weeks

July 4 to July 8
 July 11 to July 16
 July 18 to July 22
 July 25 to July 29

August 2 to August 5
 August 8 to August 12
 August 15 to August 19
 August 22 to August 26

July 11 to July 16
 July 25 to July 29
 Aug 08 to Aug.12
 Aug.22 to Aug.26

CAMP FEES – HST INCLUDED

CLASSIC ADVENTURE SPORTS CAMP & SPECIALIZED MOUNTAIN BIKING CAMP

5 DAY CAMPS	1 PARTICIPANT	2 PARTICIPANTS	3 PARTICIPANTS
1 week of camp:	\$ 296.03	\$ 580.21	\$ 861.43
2 weeks of camp:	\$ 592.05	\$ 1160.42	\$ 1722.87
3 weeks of camp:	\$ 843.68	\$ 1653.62	\$ 2455.11
4 weeks of camp:	\$1101.22	\$ 2158.39	\$ 3204.53
Daily rate:	\$ 70.06		
4-DAY Week Camp:	\$ 237.30		
JR. Leadership Program:	\$ 254.25		

Note: When booking 2 or more participants, they must be from the same family to receive the discount

What to bring:

Bike helmet	Lunch	Sunscreen	Running shoes
Water bottle	Hat	Change of clothes	Bathing suit and towel

Mountain Bike Campers please bring extra water bottles or camel pack, bike gloves and extra socks.

All campers should dress appropriately for the outdoors and weather as we run rain or shine. Bike helmets are mandatory and should be brought daily. Sweatshirts with hoods, jewellery and sandals are not permitted and long hair must be tied back.

Lakeridge Resort Limited reserves the right to change and/or cancel programs.



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Classic Adventure Sports Camp & Specialized Mountain Bike Camp 2011

Child's Last Name: _____

Address: _____

City: _____ Postal Code _____

Phone (H) _____ Phone (B) _____

Email Address: _____

Parent or Guardian's Name _____

Emergency Contact: _____ Relationship: _____

Phone #1 _____ Phone #2 _____

Child's First Name	M / E	Age	Medical Conditions/ Allergies	Health Card Number (Optional)	Camp Dates	Camp Program 1) Classic 2) Mt. Bike 3) Jr. Leader	Using Camp bike or own

Payment Type: (Payment must be received 2 weeks prior to camp start date)

Visa ____ Mastercard ____ Debit ____ Cash ____

Credit Card #: _____ Expiry: _____

Card Holder: _____ Signature: _____

Cancellation/Refund Policy

For cancellation prior to camp a \$50.00 administration fee will be applied to all refunds.

During camp a doctor's note must be provided in order to receive a refund. Refunds will be pro-rated and the \$50.00 administration fee will be applied.

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**RELEASE OF LIABILITY
WAIVER OF CLAIMS, ASSUMPTION OF RISKS AND INDEMNITY AGREEMENT
BY SIGNING THIS DOCUMENT YOU WILL WAIVE CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE.
PLEASE READ CAREFULLY!**

NAME: _____ DATE OF BIRTH: ____ / ____ / ____

ADDRESS: _____

TO: **LAKERIDGE RESORT LIMITED**

ASSUMPTION OF RISKS

I am aware that participation in summer activities such as low and high wire ropes, climbing wall, soccer, mountain biking, orienteering, capture the flag, basketball, etc., involves many inherent risks, dangers and hazards, including but not limited to, changing weather conditions; variation or steepness in terrain; exposed rock, earth, trees or other natural objects; changes or variations in the riding surface or subsurface, including changes due to streams and creeks and exposed holes in the above streams or creeks; impact with ski lift towers, equipment or other structures or objects used in connection with all summer activities, also with bike racing; impact or collision with other riders and/or other sport participants, the failure to ride and/or participate safely or within one's own ability or within designated areas; negligence of other participants and; negligence on the part of the Lakeridge Resort Limited Staff. I am also aware that the risks, dangers and hazards referred to above exist throughout the Resort Area and that many are unmarked. I freely accept and fully assume all such risks, dangers and hazards and the possibility of personal injury, death, property damage or loss, resulting there from.

RELEASE OF LIABILITY, WAIVER OF CLAIMS & INDEMNITY AGREEMENT

In consideration of LAKERIDGE RESORT LIMITED/LAKERIDGE FARMS LIMITED/Anthony Peters, permitting the use of trails, restaurants, parking and other facilities (hereinafter referred to as "the resort facilities") I hereby agree as follows:

1. TO WAIVE ANY AND ALL CLAIMS that I have or may in the future have against LAKERIDGE RESORT LIMITED/LAKERIDGE FARMS LIMITED and its Directors, Officers, Employees, Agents and Representatives, (All of whom are hereinafter collectively referred to as the "Releasees");
2. TO RELEASE THE RELEASEES from any and all liability for any loss, damage, injury or expense that I may suffer or that my next of kin may suffer as a result of my use of the resort facilities, caused by NEGLIGENCE AND/OR BREACH OF THE OCCUPIER'S LIABILITY ACT, R.S.O. 1990 c.O.2. ON THE PART OF THE RELEASEES. (See addendum)
3. TO HOLD HARMLESS AND INDEMNIFY THE RELEASEES from any and all liability for any property damage or personal injury to any third party, resulting from my use of the resort facilities; and
4. **That** this agreement shall be effective and binding upon my heirs, next of kin, executors, administrators and assigns, in the event of my death.

In entering into this Agreement, I am not relying upon any oral or written representations or statements made by the Releasees other than what is set forth in this Agreement.

Addendum: It is understood and agreed that this Agreement shall not apply in respect of injuries resulting from mechanical breakdown of any related equipment, resulting from the negligence of Lakeridge Resort Limited, its Employees, Agents and Representatives.

I have read and understood this Agreement prior to signing it, and I am aware that by signing this Agreement I am waiving certain legal rights which I or my heirs, next of kin, executors, administrators and assigns may have against the Releasees.

Signed this _____ day of _____, 2011

Witness Signature: _____

Parent/Guardian Signature: _____

Print Witness Name: _____

Print Parent/Guardian Name: _____

Must be signed By Parent and by Participant if between 13 to 17 years old.

Participant Signature: _____

Print Participant Name: _____