

Name of Camper: \_\_\_\_\_ Male or Female D.O.B : \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Doctor: \_\_\_\_\_ Dr.'s Phone# : \_\_\_\_\_

Health Card: \_\_\_\_\_ Name of Camper's Parents: \_\_\_\_\_

Home Address (Inc. Postal Code): \_\_\_\_\_

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

Phone: (     ) \_\_\_\_\_ Work: (     ) \_\_\_\_\_

Other Contact for Emergency: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

1) Does the Camper have previous riding experience? Please describe:

2) Does the Camper have previous camp experience? Please describe:

**HEALTH INFORMATION**

1) Does the Camper have a disability? If yes, please describe

1b) Ambulatory \_\_\_\_\_ Walks with assistance \_\_\_\_\_ Walks independently \_\_\_\_\_

Does she/he require 1-on-1 assistance for physical or behavioural reasons? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*Please note: campers requiring 1-on-1 assistance for any reason must provide their own support worker.**

2) Does the Camper have asthma, allergies, diabetes, contact lenses, recent operations, or any other medic alerts? Please describe:

3) Will the camper be on any medication while at camp? Please describe:

(If to be administered at camp, please provide detailed instructions.)

**PARENTAL AUTHORIZATION**

1) If I cannot be reached, I authorize the medical treatment of my child by medical professionals or the trained camp staff (in the event of emergency). Routine, minor treatment by staff is also permitted.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2) Recognized that all reasonable, professional safety standards will be observed by the camp staff and volunteers, and that Camp Pride has a consistent and thorough safety record, I hereby agree that my child participates in Camp Pride at his/her own risk and agree to hold harmless the C.O.D.R.P., the staff, volunteers, all others associated with Camp Pride.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLEASE CIRCLE DESIRED SESSIONS:

- 1) June 29 - July 3      2) JULY 6 - 10      3) JULY 13 - 17      4) JULY 20 - 24  
5) JULY 27 - 31      **6) AUG. 4 - 7**      7) AUG. 10 - 14      8) AUG. 17 - 21      9) AUG. 24 - 28  
4 Days ONLY this week

**Camp Pride T-Shirts are included in your registration fee** (please let us know your child's approximate t-shirt size)

ADULT SIZES: Circle) *MEDIUM or LARGE*      YOUTH SIZES:(circle) *SMALL or MEDIUM or LARGE*

**CAMP HOURS: 8:30 - 4:00 (MONDAY - FRIDAY)**

EXTRA HOURS (8:00 - 5:00) FOR \$2/DAY (\$10/WEEK) PER CHILD: YES OR NO

\* TOTAL COST FOR THIS CAMPER: \_\_\_\_\_ Session(s) AT \$250.00 Per Session = \_\_\_\_\_

\*\*\*\* Cost for week 6 is \$200.00, this is a 4 day camp week ONLY

EXTRA HOURS @ \$10.00 TOTAL = \_\_\_\_\_

**Final Total** - Payable to Pride Stables.= \_\_\_\_\_

If applicable: I will be sending a support worker with my child \_\_\_\_\_

I have enclosed a cheque payable to Central Ontario Developmental Riding Program/Pride Stables

I prefer to use my credit card (VISA only please)

VISA No. \_\_\_\_\_

Expiry date \_\_\_\_\_

Card holder Name: \_\_\_\_\_

Signature \_\_\_\_\_

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

Please note, Campers places are guaranteed ONLY when Payment, Registration and Liability forms are COMPLETE and received at the Pride Stables Office.

**“CAMP PRIDE”**

RECOMMENDED FOR KIDS AGES 6-12

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