

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:

HEALTH INFORMATION

1) Does the Camper have a disability? If yes, please describe- If required, please continue description on the back of this form

1b) Camper will be bringing a wheelchair _____ Camper will be bringing a walker _____

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) JULY 2 – 6 Mornings ONLY 2) JULY 9 - 13 3) July 16 – 20 4) July 23 - 27
5) AUG 7 – 10 (4 days ONLY) 6) AUG 13 – 17 7) AUG 20 - 24

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 \$7/DAY (\$35/WEEK) PER CHILD: YES OR NO

* TOTAL COST FOR THIS CAMPER: _____ Session(s) AT \$300.00 Per Session = _____

** Cost for week 5 is \$240.00, this is a 4 day camp week ONLY

** Cost for week 1 is \$150.00 this is a Mornings ONLY camp week 9 – Noon

EXTRA HOURS @ \$35.00 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 or MasterCard)

Card No. _____ Expiry date _____

Card holder Name: _____

Signature _____ Date: _____

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

“CAMP PRIDE”

RECOMMENDED FOR KIDS AGES 6-12

WE PROVIDE: *RIDING HELMETS * Trained Staff & Volunteers* FRIENDLY HORSES * LOTS OF FUN*

Please send with your child: Lunch and Snacks, water bottle, hats, sunscreen a change of cloths and * **BOOTS (1/2" HEEL) Rubber Boots are fine for riding**

IF YOU HAVE ANY QUESTIONS PLEASE DON'T HESITATE TO CALL

Pride Stables/Central Ontario Developmental Riding Program

584 Pioneer Tower Road, Kitchener, Ontario N2P 2H9

Phone (519) 653-4686 Fax (519) 653-5565

E-Mail info@pridestables.com Website www.pridestables.com

Registered Charity #118843564 RR0001