

Campers with a disability ages 13 years and older

July 30 – August 3

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) Please describe campers disability

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: _____

Individuals with a disability ages 13 years and older

Please indicate T-shirt Size
Adult: Medium Large XL
Youth: Small Medium Large

July 30 – August 3

Please indicate the time you would like to register for:

Mornings 9:00 – Noon _____

Full Days 9:00 – 4:00 _____

\$150.00 Half days \$ _____

\$300.00 Full days \$ _____

Extra Hours are Not available

If applicable: I will be sending a support worker with my child YES NO

- I have enclosed a cheque payable to Central Ontario Developmental Riding Program/Pride Stables
- I prefer to use my credit card (VISA or MasterCard)

VISA/MC 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”

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

Please send with your camper: Snacks, Water Bottle, hat, sunscreen and change of cloths
Lunch (if staying for the full day), * **BOOTS (½" HEEL) Rubber Boots are fine**

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

Pride Stables/Central Ontario Developmental Riding Program
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E-Mail info@pridestables.com Website www.pridestables.com

Registered Charity #118843564 RR0001