

Campers with a disability aged 13 years and older      **July 26 – 30**

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

Height: \_\_\_\_\_ Weight: (max 160lbs/72kg) \_\_\_\_\_ Health Card: \_\_\_\_\_

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

Home Address (inc. postal code): \_\_\_\_\_

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

Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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 camper's 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 aged 13 years and older**

**July 26 – 30, 2021**

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

Please indicate the time you would like to register for:

**Mornings 9:00 – Noon** \_\_\_\_\_

**Full Days 9:00 – 4:00** \_\_\_\_\_

\$165.00 half days \$ \_\_\_\_\_

\$330.00 full days \$ \_\_\_\_\_

**Extra Hours** (eg. late pick-up) **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 clothes  
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  
584 Pioneer Tower Road, Kitchener, Ontario N2P 2H9  
Phone (519) 653-4686 Fax (519) 653-5565  
**E-Mail [info@pridestables.com](mailto:info@pridestables.com) Website [www.pridestables.com](http://www.pridestables.com)**

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