



Therapeutic Riding Program

# 2021 SPRING SESSION

Date of Session: March 29<sup>th</sup> through May 21<sup>st</sup>, 2021  
Number of lessons: 8 (one lesson a week)  
Cost: \$200

### SCHEDULING NOTES:

- Lessons will be scheduled Monday through Friday.
- Please note that lessons scheduled for Good Friday, April 2<sup>nd</sup> are rescheduled to Friday May 28<sup>th</sup>.

### POLICY REMINDERS:

- In the event of cancellation of a lesson by CDSCL, the lesson will be rescheduled or refunded.
- If lessons are proceeding as scheduled and the rider does not attend, there will be no make-up lesson.
- It is much appreciated if CDSCL is notified if a rider will not be attending by calling Michelle at 250-402-3400.
- Our status as a CanTRA Accredited centre requires that the rider's weight is no more than 180 lbs. (81.6 kgs)

Name of Rider: \_\_\_\_\_

Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### Returning Riders (please check yes or no):

Has there been a change to your condition since your last riding session?  Yes  No

**New Riders:** Please complete the Rider Application Package. The application package is available online at [http://cdscl.com/trp\\_application.htm](http://cdscl.com/trp_application.htm)

<p><b>If payment is not included, please indicate the funder:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ARES</li> <li><input type="checkbox"/> Canyon Lister Elementary</li> <li><input type="checkbox"/> Erickson Elementary</li> <li><input type="checkbox"/> Homelinks</li> <li><input type="checkbox"/> PCSS</li> <li><input type="checkbox"/> Self Design</li> <li><input type="checkbox"/> Autism Funding Unit (please include signed <i>Request to Pay</i> form)</li> <li><input type="checkbox"/> KidSport (please include copy of KidSport application form)</li> <li><input type="checkbox"/> Other _____</li> </ul>	<p><b>Please return the completed form no later than March 12th, 2021 to</b></p> <p><b>In person at the CDSCL Office:</b> 205 7<sup>th</sup> Ave North, Creston</p> <p><b>By Mail</b> PO Box 1820, Creston, BC V0B 1G0</p> <p><b>By fax:</b> 250-428-2297</p> <p><b>By Email:</b> mwhiteaway@hotmail.com</p>
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Signature of Rider: \_\_\_\_\_

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

Signature of Legal Guardian: \_\_\_\_\_

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

Questions? Please call Michelle at 250-402-3400 or email [mwhiteaway@hotmail.com](mailto:mwhiteaway@hotmail.com)