



*Therapeutic
Riding Program*

2021 SUMMER SESSION #2

Date of Session: July 12th through August 6th, 2021
Number of lessons: 4 (one lesson a week)
Cost: \$100

SCHEDULING NOTES:

- Lessons will be scheduled Monday through Friday only in the morning hours.
- **Please note that lessons scheduled for BC Day, August 2nd will be rescheduled.**

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

<p><i>If payment is not included, please indicate the funder:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> ARES <input type="checkbox"/> Canyon Lister Elementary <input type="checkbox"/> Erickson Elementary <input type="checkbox"/> Homelinks <input type="checkbox"/> PCSS <input type="checkbox"/> Self Design <input type="checkbox"/> Autism Funding Unit (please include signed <i>Request to Pay</i> form) <input type="checkbox"/> KidSport (please include copy of KidSport application form) <input type="checkbox"/> Other _____ 	<p><i>Please return the completed form no later than June 28th, 2021 to</i></p> <p>In person at the CDSCL Office: 205 7th Ave North, Creston</p> <p>By Mail PO Box 1820, Creston, BC V0B 1G0</p> <p>By fax: 250-428-2297</p> <p>By Email: 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