



Therapeutic Riding Program

2017 FALL SESSION

DATE OF SESSION: September 4th through October 27th, 2017

NUMBER OF WEEKS: 8 weeks with **one** lesson per week

Lessons will be scheduled during the afternoon on Monday, Tuesday, Thursday or during the day on Wednesday or Friday

COST: \$160

Name of Rider: _____

Address: _____ Postal Code: _____

Phone: _____ email: _____

Legal Guardian: _____

Please complete if different than above:

Address: _____

Phone: _____ email: _____

I am registering the above rider for the above noted session. All the appropriate forms have been completed, signed, submitted and are on file with CDSCL.

Mandatory forms:

- Rider Application/Profile Form
- Liability Release/Waiver
- Photograph/Video Release/Non Consent Form
- Authorization/Non Authorization for Emergency Medical Treatment
- Emergency Profile
- Physician Referral Form (Must be updated if condition has changed)

Forms where applicable and/or required:

- For riders with Downs Syndrome - Atlanto-axial X-Ray Verification
- Consent for release of information

Signature of Rider: _____ **Date:** _____

Signature of Legal Guardian: _____ **Date:** _____

Signature of Program Director: _____ **Date:** _____

Questions? Please call Michelle at 250-402-6793 or email mwhiteaway@hotmail.com

Please returned the completed form, with payment no later than August 22nd, 2017 to

The Office - 205 7th Ave North, Creston

OR By Mail - PO Box 1820, Creston, BC V0B 1G0

OR By fax: 250-428-2297

Thank you!