



Therapeutic Riding Program

# 2017 SUMMER SESSION

**DATE OF SESSION:** June 26th through July 28th, 2017

**NUMBER OF WEEKS:** 5 weeks with one lesson per week

Lessons will be scheduled during weekday mornings

**COST: \$100**

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](mailto:mwhiteaway@hotmail.com)**

Please returned the completed form, with payment no later than June 10th, 2017 to

**The Office - 205 7<sup>th</sup> Ave North, Creston**

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

**OR By fax: 250-428-2297**

**Thank you!**