



RR1, Site 24, Box 2

Grande Prairie, AB T8V 2Z8

Email: info@pards.ca

Tel: 780-538-3211 Fax: 780-538-3683

www.pards.ca

Dear Rider,

Board of Directors

Debbie Steeves
Chairperson

Raymond Binks
Vice Chairperson

Christina Balcom
Secretary

Mary Baik
Treasurer

Narnia King

Todd Perks

Larry Brown

Bob Wallace

Throughout your 5 days of PARDS Integrated Summer Day Camp, our goal is to offer you daily riding lessons, essential care for your horse, horse knowledge, crafts, games, and most importantly, fun!

Your lesson with your horse will include grooming, tacking, riding and un-tacking. PARDS will provide you with an instructor, a horse and all necessary tack and equipment for the horse. You are required to bring appropriate attire to change into; closed toed shoes with a small heel, long pants, and an ASTM/SEI certified riding helmet (PARDS will provide a helmet if riders do not have their own). No loose or baggy clothing.

Please dress appropriately for the weather.

Each week of Summer Camp will run for 5 days, Monday through Friday, from 9am – 4pm. All campers will need to be picked up between 4pm and 4:30pm.

Please remember to pack the following daily:

- Sunscreen
- Hat
- Water Bottle
- Change of Clothes
- Lunch
- Appropriate footwear for running and playing outside.

Staff

Jennifer Douglas
Executive Director

Gayle Mayer
Office Manager

Eden Lancaster
Executive Assistant

Jessica Newman
Head Instructor

Anna Kittilsen
Instructor

Lauralee Mather
Instructor

Carol Fritzke
Instructor

Amanda Tinworth
Volunteer Instructor

Please refrain from bringing any electronic devices, such as cell phones and iPods, as PARDS will not be responsible for any lost or damaged items.

If you have any questions, please feel free to call, email, or come check out our facility and meet with us. We are happy to speak with you.

Sincerely,

The Staff of Peace Area Riding for the Disabled Society

PARDS
Tel: (780) 538-3211
Fax: (780) 538-3683
info@pards.ca
www.pards.ca



Integrated Summer Camp Registration Form

Rider Information

Last Name: _____ First Name: _____

Date of Birth: _____ Height: _____ Weight: _____

Address: _____ City: _____ Postal Code: _____

Parent/Guardian Name: _____ Phone: _____ Work: _____ Cell: _____

(If rider is under 18 years of age)

Riding Experience

Do you have previous riding experience? Yes No

If yes, how many years/months/weeks? _____ Where? _____

Any jumping/showing experience? _____ Preferred Discipline: English Western

Please share your expectations and goals for your riding lessons: _____

Please check which camp(s) you will be attending

Week 1

Week 2

Week 3

Medical Information

Alberta Health Care #: _____

Physician's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

(Other than above)

Medical conditions (e.g.: asthma, allergies): _____

(Separate forms may need to be filled out)

Medications being taken: _____

Photo Release

Please check one: I hereby consent
 I hereby do not consent

and authorize the use and reproduction by PARDS of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional material, educational activities, exhibitions or for any other use for the benefit of the PARDS program.

Medical/Release

The rider and/or his/her parent(s) and/or guardian(s) hereby acknowledge the risks and hazards inherent in riding and working around animals and agree to assume all responsibility and risk of bodily injury or death or damage to property, and further agree to hold harmless and indemnify PARDS and its owners, employees, volunteers, agents, and representatives from all claims for any bodily injury or death or damage to property arising out of or resulting from the rider's use of PARDS premises or use of horses at or from PARDS, as a rider, groom or spectator or otherwise in any type of PARDS organized sponsored, supported or endorsed activity, whether on PARDS premises or elsewhere. The rider and his/her parent(s) and/or guardian(s) do hereby consent to any medical examination, treatment or medical services that may be rendered to said rider under the general or specific instructions of any physician or hospital. It is understood that this consent is given in advance of any specific diagnosis or treatment. The rider and the undersigned parent(s) and/or guardian(s) agree to assume responsibility for payment of all fees for doctors, hospitals, ambulances and/or other medical charges incurred. The rider and his/her parent(s) and/or guardian(s) do hereby consent that photo/images of the rider may be used in PARDS articles and advertisements without payment or remuneration. I hereby declare that in making this entry I have read and fully understand and agree to the terms and conditions stated herein, and that it is binding on my executors, heirs and assigns.

Name (please print): _____ Signature: _____ Date: _____
(Parent/guardian if under 18 years of age)

Witness name (please print): _____ Signature: _____ Date: _____

Integrated Summer Camp Registration Form



Rider Questionnaire

(to be filled out by client)

1. Do you have any previous riding experience? Yes / No

2. If yes, how many years (or months or weeks) experience and where from?

3. Have you ever taken riding lessons before? If yes, from who?

4. How would you describe your riding abilities?

5. What are your personal expectations and goals for your riding lessons?

6. Would you prefer to ride English or Western?

7. Do you have anything else you'd like to tell your instructor?
