

Equine Assisted Therapy

ranchwithoutborders.com

DAY CAMP REGISTRATION

☐ July 6	·10 🔲 Aug 10-14 Monday-Fr	riday 10-3 Friday lunch provided	()
Child's Full Name:			
Birthdate:			
Alberta Health Care Number:			
Allergies:			
Emergency Contacts Name:	Relationship:	Phone Number:	
Parent/ Guardian Information	1	·	
Name:			
Address:			
Phone number:			
Email address:			
	For our reference only, your personal in:	nformation will never be shared.	
Are there any medical conditions tha	t we should be aware of? If yes, please s	specify. / N/A	
If applicable, does your child self-adr	ninister prescribed medications?	Yes No	
If yes, do you consent to the medicat	ions being safely stored?	Yes No No	
Please describe your (child's) experie	ence with horses		
	and registration will be complete when pou're paying by cheque please make it ou	payment is received in full. Payments can be made ut to Lori Frank.	by cash, cheque or
Once registration and payment is re	ceived, a confirmation by email with di	rections and other details will be sent.	
If you have any questions, please co	ntact Lori at Iori@ranchwithoutborders	s.com or call 403.877.9323	
The Ranch Without Borders also offe	rs individual equine assisted learning op	oportunities, would you like more information? Yes	s No
Parents/ Guardians Signature		Mailton The Devol Mill of D	udovo o/o l = :: F: !
Print Name Mail to: The Ranch Without Borders on RR2 Site 7 Comp 42, Didsbury, Albert			