



NORTH OKANAGAN THERAPEUTIC RIDING ASSOCIATION

SPRING 2010 REGISTRATION FORM

April 12th – June 4th, 2010

Registered Charity # 89204 3449 RR 0001



CONTACT INFORMATION

Rider Name: _____ Home Phone: _____

FULL mailing address (incl. postal code): _____

Parent / Guardian: _____ E-mail: _____

Applicable contact person if not parent (ie: teacher, caregiver, driver, etc): _____

*This is our main method of communication. So as not to miss pertinent information on the program, please provide an e-mail address – it will not be shared.

_____ Contact person cell # _____

RIDER INFORMATION

(please provide all information in order for us to accurately match riders with horses, choose tack & assign riders of similar ages & disabilities to their classes)

Age: _____ *Weight (in lbs): _____ Height (in inches): _____ Disability: _____

If In Wheelchair: ability to stand (bear weight) Y N Trunk Control: None Fair Good

*IMPORTANT: We do not have a mechanical lift so riders who cannot bear weight will need to be fully lifted out of their chair onto the horse off the ramp by volunteers. Our present maximum weight for riders requiring full lift is 100 lbs. This is subject to change depending on the availability of strong volunteers and may be limited to only a few classes due to volunteer availability. Our overall weight limit at present is 210 lbs., but this too is subject to change depending on the availability of strong, safe horses.

WEEKLY LESSON SCHEDULE (please provide 2 additional options in case your first choice is unavailable)

MONDAY	TUESDAY	WEDNESDAY	THURSDAY
9:30 – 10:15 _____			
10:30 – 11:15 _____			
Break			
12:00 – 12:45 _____	12:00 – 12:45 _____	12:00 – 12:45 _____	12:00 – 12:45 _____
1:00 – 1:45 _____	1:00 – 1:45 _____	1:00 – 1:45 _____	1:00 – 1:45 _____
Lunch Break	Lunch Break	Lunch Break	Lunch Break
3:30 – 4:15 _____	3:30 – 4:15 _____	3:30 – 4:15 _____	3:30 – 4:15 _____
4:30 – 5:15 _____	4:30 – 5:15 _____	4:30 – 5:15 _____	4:30 – 5:15 _____

Please note: Monday lessons will not be held on May 24th (Victoria Day) and therefore will only be for 7 weeks.

Registrations will be accepted on a first come first serve basis. If payment does not accompany registration, we cannot guarantee your spot.

***Outstanding fees from the previous riding session(s) must be paid prior to your registration being accepted – no exceptions.**

UNSUBSIDIZED RIDER	8 lessons @ \$60.00 each	\$460.00
<p style="text-align: center;">NOTRA SUBSIDIZED RIDER</p> <p><i>I am requesting that the riding fees for my child / ward be partially subsidized by NOTRA as I am unable to pay the \$60.00 per lesson.</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;"><i>Signature of Parent / Guardian</i></p> <p><small>*Please note – funding assistance is offered on the honor system. We respectfully ask that only those who truly cannot afford to pay apply for this subsidy.</small></p>	8 lessons @ \$16.50 each	\$132.00
<p style="text-align: center;">PARTIAL SESSION</p> <p style="text-align: center;">Due to statutory holidays, Pro-D days, etc.</p> <p><small>*Missed rides will not be refunded. If we cancel due to inclement weather, we will make every effort to provide a make up lesson or provide a credit for the next session.</small></p>	<p style="text-align: center;">_____ lessons @ \$60 (unsubsidized rate per lesson)</p> <p style="text-align: center;">_____ lessons @ \$16.50 (subsidized rate / lesson)</p>	<p style="text-align: center;">\$ _____</p> <p style="text-align: center;">\$ _____</p>
TOTAL PAYMENT		
<p>please make cheques payable to NOTRA and mail to 675 Grandview Bench Rd, Salmon Arm, BC V1E 2X9</p> <p><small>*registrations sent to NOTRA's PO Box in Vernon may be significantly delayed in getting to the Program Coordinator for processing and scheduling.</small></p>		\$ _____

*Receipts are not automatically issued. If you require one please indicate.

Yes, please send me a receipt

***PLEASE COMPLETE CONSENT & PHOTO RELEASE FORMS ON THE REVERSE**

NORTH OKANAGAN THERAPEUTIC RIDING ASSOCIATION

RIDING INSTRUCTION CONSENT FORM

NOTE: Please be sure to read this carefully before signing.

No student can be accepted for riding instruction until this form has been completed by the parent(s)/guardian(s). If the student is of legal age (19), he or she may complete the form without parent(s) or guardian(s) signature.

NAME OF RIDER: _____

ADDRESS: _____ CITY / POSTAL CODE: _____

PHONE: _____

PARENT / GUARDIAN: _____

ADDRESS: (if different from above) _____

IN CASE OF EMERGENCY, CONTACT:

_____ PHONE: _____

_____ PHONE: _____

LIABILITY RELEASE

_____ would like to participate in the NORTH OKANAGAN
(Client's name)

THERAPEUTIC RIDING ASSOCIATION'S disabled riding program. The undersigned acknowledges there are inherent risks associated with equine activities such as described below and hereby expressly assumes all risks associated with participating in such activities. Though all horses are carefully screened for their temperament, the inherent risks include, but are not limited to, the propensity of equines to react to such things as sounds, sudden movement or unfamiliar objects, persons or other animals. The undersigned acknowledges that horses, by their very nature, are unpredictable and subject to animal whim. However, understanding this, the undersigned feels that the possible benefits to myself / my son / my daughter / my ward are greater than the risk assumed. The undersigned assumes all risks in connection therewith and expressly waives any claims for any injury or loss arising therefrom and releases forever, all claims for damages against the NORTH OKANAGAN THERAPEUTIC RIDING ASSOCIATION, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I / my son / my daughter / my ward may sustain while participating in THE NORTH OKANAGAN THERAPEUTIC RIDING ASSOCIATION'S disabled riding program.

Date: _____ Signature: _____

(Client, parent or guardian)

Witness: _____

NORTH OKANAGAN THERAPEUTIC RIDING ASSOCIATION

PHOTOGRAPHY RELEASE

I DO

DO NOT

consent to and authorize the use and reproduction of any and all photographs and / or any other audiovisual materials take of me / my son / my daughter / my ward, for promotional printed material, educational activities, exhibitions, television commercials or for any other use, to promote and / or advertise for the North Okanagan Therapeutic Riding Association.

Student's Signature: _____

Parent(s) or Guardian(s) Signature: _____
(if student is under 19yrs)