



CTRC ALL ABILITIES

Colorado Therapeutic Riding Center
www.ctrcinc.org



SUMMER CAMP

11968 Mineral Rd, Longmont, CO 80504
Ph: 303-652-9131 | Fax: 303-652-2072

CAMP REGISTRATION INFORMATION:

- Camps fill quickly, please register early.
- Registrations are accepted by mail, fax or in person at CTRC.
- **Payment is required at the time of registration.** ½ payment is due at time of registration, the remainder is due by May 24th. Refunds are only made if requested camp is full or in case of documented medical/illness resulting in the inability to attend camp.
- CTRC requires every participant to fill out a medical release form to be completed by your child's physician. You will receive any additional forms needed in your Confirmation Letter or you may download forms from www.ctrcinc.org> Programs >All Abilities Summer Camp. **All forms are due by May 24, 2010.**

IF YOU ARE NEW TO CTRC:

- There are additional forms required (Participant Application and Consent & Release) in order for your child to participate. You will receive any additional forms needed in your Confirmation Letter or you may download forms from www.ctrcinc.org> Programs >All Abilities Summer Camp. **All forms are due May 24, 2010.**
- Participant evaluations are required for new campers with disabilities and will be scheduled on Wednesday's between February 8 – March 8. More information to follow.

Camper's Name: _____ Sex: M / F

Height: _____ Weight: _____ Date of Birth: ____/____/____ Age: _____

Home Address: _____
Street City/State/Zip

Parent/Caregiver's Name: _____

Address (if different from camper): _____

Home Phone: _____ Work: _____ Cell: _____

Email (to be used for CTRC communication only): _____ please print clearly

Emergency contact: name(s) and number(s): _____

Please answer the following questions:

- 1.) Has camper ever ridden at CTRC? YES / NO If YES, when? _____ If NO, how many times has camper ridden elsewhere (if any)? _____
- 2.) Does camper have any special needs? _____
- 3.) Does camper have mobility issues? (please specify) _____ (elaborate on back if needed)
- 4.) Does camper need one-on-one assistance with personal care? YES / NO If YES, an attendant must be present at camp.
Name and number of attendant: _____
- 5.) If you are registering with another camper(s), please list name(s): _____

(flip over for Camp Registration & Payment)