

CHA COMBINED CLINIC REGISTRATION FORM

Please return this form no later than ____/____/____ to: _____

Name: _____ Date of birth: ____/____/____ Sex: Male/ Female

Address: _____ City _____

Province: _____ Postal Code: _____ Phone (____) _____

Complete the following if you are being sent to this clinic by a camp, stable or organization:

Sponsoring camp/organization: _____

Address: _____ City _____ Province _____

Contact person: _____ Phone (____) _____ Postal code: _____

Who is financially responsible for the clinic fees? _____

(Participant must sign a permission slip if we are to send a copy of your evaluation to any organization.)

Whom should we contact in case of an emergency? _____

Phone: (____) _____

In case the above person cannot be reached, please sign if you authorize the above clinic to arrange for emergency medical treatment. (Parent or guardian must sign if applicant is under 18 years of age.)

Signed: _____ Date: _____

Do you have any medical/physical problems which might be affected by riding, camping or which we should be aware of? _____

I will be arriving by: Car _____ Bus _____ Plane _____ Other: _____

The balance of \$ _____ is due with the registration.

Briefly describe the type of riding that you do and your riding experience; include horse care and management experience.

Describe any packing or camping experience.

Please describe your experience in teaching riding and/or other forms of teaching or work with young people (teaching school, swimming, camp counsellor, work with youth groups, etc.)

If you plan to teach riding this year, please describe the type and size program you plan to work with and what your duties will be.

What do you hope to accomplish by attending this clinic? Do you have any special problems or interests that you would like to see covered in this clinic?

Please use other side for additional space.

Mail to Camp Arnes Box 40, Arnes, MB R0C 0C0 or Fax to 204.642.9437