



EAL & Riding Lessons

Please Check Camp of Choice

___	AM Riding	Level 1&2	Sept 29, Oct 6, 13, 27, Nov 3, 10, 17	9:00 – 10:30
___	AM EAL		Sept 29, Oct 6, 13, 27, Nov 3, 10, 17	10:45 – 12:15
___	PM EAL		Sept 29, Oct 6, 13, 27, Nov 3, 10, 17	1:00 – 2:30
___	PM Riding	Level 1&2	Sept 29, Oct 6, 13, 27, Nov 3, 10, 17	2:45 – 4:15

* Please note that there will be no classes on October 20. It is a staff Pro-D at the Mane Event (Horse Exposition) in Chilliwack.

Name of Participant _____ Age _____
Parent/Guardian _____
Address _____
Email/Phone _____
Emergency Contact _____ Phone _____
School _____ Student # _____
Billing Address _____
Contact Teacher _____ Email _____

Equine Experience (no need to complete if just registering for EAL portion)

Has the Participant ever ridden a horse? _____ If so, how many times and what did they do?

Medical Information

Does the Participant take any medication? _____ If yes, will they have it with them? _____

Does the participant have any medical conditions, limitations, behavioural concerns or problems? _____

If yes, please describe. _____

Any allergies? _____ Does the participant have an epi pen? _____

Name of Doctor? _____ Phone _____

Care card number _____

Submitting form

Please scan and return this form with a picture of your child by email or in person. Minor Waiver found on www.cheamstables.com contact page must also be signed and included. Payment can be made by cash, cheque (Tamiko Charlton) or e-transfer to tcharlton@telus.net. Schools can be billed, Payments are refunded only if another child is able to take your spot.