



## Camp SARI 2012 Application Form

### Office Use Only Section

Paid Deposit: \_\_\_\_\_  
Date: \_\_\_\_\_  
Initial: \_\_\_\_\_  
Paid Balance: \_\_\_\_\_  
Date: \_\_\_\_\_  
Initial: \_\_\_\_\_

### Camper Information

Name of Camper: \_\_\_\_\_

M or F (circle one) Name commonly used \_\_\_\_\_

Has the camper attended Camp SARI in the past? Yes or No (circle one)

Date of Birth (M/D/Y): \_\_\_\_\_ Age of Camper (as of July 9<sup>th</sup>, 2012)\*: \_\_\_\_\_

*\*Age range for campers is Little Britches Week age 4-8, other weeks 6-13 years old and Teen Week, which is 14-18 years old.*

Address: \_\_\_\_\_

City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Name of Guardian 1: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian 1 Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

Name of Guardian 2: \_\_\_\_\_ Email: \_\_\_\_\_

Guardian 2 Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to Camper : \_\_\_\_\_

Contact Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ Cell \_\_\_\_\_

Other people authorized to pick up this child\*: \_\_\_\_\_

\_\_\_\_\_

\*For safety reasons, SARI will not release the participant to anyone who is not listed above. SARI office must be notified of any changes.\*

### Medical Information

Camper's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Card Number: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Please describe in detail any relevant information or special needs that will assist us in making this a positive camp experience for your child.

Allergies (specify): \_\_\_\_\_

Diagnosed Special Needs (i.e. physical, developmental, etc.): \_\_\_\_\_

\_\_\_\_\_

Behavioural/Emotional Concerns: \_\_\_\_\_

\_\_\_\_\_

Name of Camper: \_\_\_\_\_

Assistive Measures (i.e. support work, service dog, wheelchair, etc.): \_\_\_\_\_

Is the participant taking medication? Yes or No (circle one)

Please specify (name of medication, instructions for use, side effects, etc): \_\_\_\_\_

**NOTE:** If your child has a diagnosed special need and is not currently enrolled at SARI you will be asked to have a Medical Referral Form completed by your attending physician (available through the SARI office). SARI staff will provide an assessment with a Physiotherapist or Occupational Therapist to assess the admission of your child.

**Riding Program Information**

To assist us in selecting the most appropriate horse for the participant, we must know your child’s height:

\_\_\_\_\_ feet \_\_\_\_\_ inches, and weight: \_\_\_\_\_ lbs **NOTE:** Each SARI horse has a weight limit he or she can carry. For this reason, SARI reserves the right to limit participation in the riding portion of the camp if the above information is found to be significantly underestimated and/or a suitable horse is not available. Please ensure the values listed above are accurate.

**Please circle the appropriate riding level of the participant in the chart below.**

Level	Description of Skills*	Example Experience
0	Participant has <i>never ridden a horse</i> .	N/A
1	Beginner OR able to steer at walk, with leader.	Beginner/pony rides only
2	Able to initiate walk or trot; able to steer independently at walk; learning to post at trot.	Several camp experiences OR weekly lessons
3	Able to maintain posting trot rhythm; able to complete 20m circle independently at trot; may have experience at the canter.	Ongoing weekly riding lessons.

\*All participants are grouped appropriately according to age and/or riding ability.

**Session Choice**

Maximum attendance at Camp SARI is one (1) week. Please indicate three (3) session choices below and rank in order of preference: SARI will endeavour to accommodate your first choice where possible. A second week of camp may be considered once all applications are processed. Please check here if interested in a second week of camp <input type="checkbox"/>			
	Session # 1: July 9 <sup>th</sup> – July 13 <sup>th</sup> 2012 Age 4 to 8 AM _____ or PM _____ <b>(LITTLE BRITCHES WEEK, HALF DAYS ONLY)</b>		Session # 5 August 7 <sup>th</sup> – August 10 <sup>th</sup> 2012 **
	Session # 2: July 16 <sup>th</sup> – July 20 <sup>th</sup> 2012		Session # 6 August 13 <sup>th</sup> – August 17 <sup>th</sup> 2012 <b>(ADVANCED HORSEMANSHIP CAMP)</b>
	Session # 3: July 23 <sup>rd</sup> – July 27 <sup>th</sup> 2012		Session # 7 August 20 <sup>th</sup> – August 24 <sup>th</sup> 2012
	Session # 4: July 30 <sup>th</sup> – August 3 <sup>rd</sup> 2012 Age 14-18 <b>(TEEN WEEK)</b>		Session # 8 August 27 <sup>th</sup> – August 31 <sup>st</sup> 2012

**Fees - \$250/session \*\*Session 5 - SARI is closed on the Civic Holiday August 6<sup>th</sup> - adjusted fee \$200**

Name of Camper: \_\_\_\_\_

**Other Important Information & Camp SARI Policies**

- Camp SARI hours - 9:00 a.m. to 4:00 p.m with the exception of Little Britches Camp comprising of two, half day programs which run 9am - 12pm and 1pm - 4pm. Additional fees will be assessed if a camper requires supervision outside of these hours; pre-approved arrangements required.
- Campers are required to bring their own peanut-free lunch.
- **Campers who require 1 on 1 supervision or personal care support will be required to provide their own experienced caregiver.**

SARI reserves the right to decline a camper whose medical assessment will preclude them from riding or whose behaviour may adversely affect the positive camp experience for other children and/or volunteers.

**Registration Process**

Complete application form and send it with a deposit of \$100.

Please make cheques payable to SARI Therapeutic Riding

**MAIL TO:**

SARI Therapeutic Riding, 12659 Medway Road, R.R. # 1 Arva, Ontario N0M 1C0

**I have read and understood the Camp SARI guidelines listed above and certify that the information provided on this application form is, to the best of my knowledge, accurate.**

**Parent/Guardian Name :** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

If you would like more information or a tour of our facility, please contact us.

Phone: (519) 666-1123 E-mail: office@sari.ca Website: www.sari.ca

Thank you – we can't wait to see you for a fun week at Camp SARI!

SARI Therapeutic Riding respects your privacy. SARI protects your personal information and adheres to all legislative requirements with respects to protecting privacy. The information you provide will be used to deliver services and to keep you informed and up to date on activities of SARI, including programming, services, funding needs, and volunteer opportunities through periodic contacts. If at any time you wish to be removed from our mailing list contact us at 519-666-1123 or via email office@sari.ca and we will gladly accommodate you.