



## SESSION REGISTRATION FORM – FALL 2010

P.O. Box 1820 205-7th Ave. N. Creston BC, V0B 1G0 ph. 250-428-2296 fax 250-428-2297

DATE OF SESSION: *August 30<sup>th</sup>, 2010 – October 22<sup>nd</sup>, 2010*  
NUMBER OF WEEKS: 8 weeks with one lesson per week.  
Lessons will be scheduled on Monday afternoons, Wednesday and Fridays  
**COST: \$120**

Name of Rider: \_\_\_\_\_

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

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Legal Guardian: \_\_\_\_\_

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

Phone: \_\_\_\_\_ email: \_\_\_\_\_

I am registering the above rider for the above noted session. All the appropriate forms have been completed, signed, submitted and are on file with CDSCL.

- Current Physician Referral Form
- Intake/Referral for Services (where applicable)
- Rider Application/Profile Form (mandatory)
- Atlanto-axial X-Ray Verification for riders with Down Syndrome (where required)
- Consent for release of information (where applicable and/or as required)
- Liability Release/Waiver (mandatory)
- Photograph/Video Release/Non Consent Form (mandatory)
- Authorization/Non Authorization for Emergency Medical Treatment (mandatory)
- Emergency Profile (mandatory)

Signature of Rider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Legal Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Witness: \_\_\_\_\_

Signature of Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Please returned the completed form with payment to :

**The Office** - 205 7<sup>th</sup> Ave North, Creston  
**OR By Mail** - PO Box 1820, Creston, BC V0B 1G0  
**OR By fax:** 250-428-2297