



Wilderness Ranch

Registrar: Box 1804, Claresholm, AB T0L 0T0
1-403-687-3701 wildernessranch@platinum.ca

Please complete and return this registration and medical form along with deposit. Deposit is refundable up to 30 days prior to attending camp.

Name of Camp (e.g. Pioneers): _____ Date camp starts: _____

Camper Information:

Name: _____ Age: _____ Male: _____ Female: _____

Address: _____ City: _____

Postal Code: _____ Home Phone: _____

Email Address: _____ Grade Completed: _____

Have you attended Wilderness Ranch before? _____ Year(s) Attended: _____

Previous horse experience & level of riding: _____

How you heard about this camp: Friend/Family ___ Church ___ Concert ___ Y/C Booth ___ Internet ___ Other ___

Church camper attends (if applicable): _____

Parent/Guardian Information (if camper is under 18):

Name: _____ Phone No.: _____

Name: _____ Phone No.: _____

Alternate Emergency Contact:

Name: _____ Phone No.: _____

Medical Information:

Health Care Number: _____ DOB: _____

Family Doctor and contact number: _____

Is camper allergic to bee stings? _____ Other Allergies: _____

Please describe: _____

Is camper presently on any medications? (Please send necessary meds with camper): _____

If yes, please explain: _____

Does camper have special dietary needs? _____
(It is helpful to send some special snacks for special dietary needs such as a gluten allergy)

Does camper have any other special needs (physical, emotional, behavioural, bed wetting) that we should be aware of?

(attach extra documentation if more room is needed)