



## Wilderness Ranch

Registrar: c/o Box 193, Lundbreck, AB T0K 1H0  
(403) 388-1505 wildernessranchalberta@gmail.com

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)