



Wilderness Ranch

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

Please complete and return this form, along with deposit and the assumption of risk form, by post, or by scanning and emailing. 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)