



Parent/ Guardian Responsibility Form

Sudbury Therapeutic Riding Program (STRP) 2022

Mailing Address: PO Box 2212

Station A, Sudbury Ont.

P3A 4S1

Phone: (705) 560-7877 Website: www.strp.ca

The following form is to inform you of what our requirements and expectations are from you in order for your child/guardian to ride and to help STRP operate to its best ability. Once read and Understood please initial beside each number.

___ There is a fee of \$180 for each 6 week session that your rider is in and this must be paid upon registration.

___ I understand I am required to participate in fundraising initiatives to ensure the sustainability of STRP.

___ Parents/guardians must stay on site and may be required to act as a side walker when necessary (and if willing and able). If you are able to do so we will require that you fill in a volunteer application at the beginning of the season.

___ Punctuality is important. Please show up 15 minutes before lesson start time.

___ If you are not attending a lesson please let us know asap. Our volunteers drive a distance to work with our riders and their time is appreciated. We do not want them coming out and wasting their time and money because a rider did not show up.

___ Helmets will be provided during lessons however, hiking boots, rubber boots or sturdy shoes with a heel will be required. Running shoes are not recommended and sandals are disallowed. All lessons are held outside and therefore rider must dress for the weather however long pants are required in order to prevent rubbing and chafing or potential skin breakdown. During the warm season insect repellent as well as sunscreen should be applied prior to lesson. No chewing of gum or candy is permitted during a lesson.

___ Photographs are not permitted by parents/guardians to ensure privacy of our riders.

___ Absolutely NO smoking on farm property.

I hereby acknowledge that I have read and understand the Parent/guardian responsibility form and agree to all the terms and conditions set out in it.

PARENT/GUARDIAN SIGNATURE _____

Date _____

Relationship to Rider _____

STRP Representative Signature _____ Title _____