T.H.R.I.L.

T.H.R.I.L Therapeutic Horsemanship & Riding in Lindsay

2026 Fall Registration Form

Fall Session Dates (Mondays 7 weeks/ Tuesday – Thursday 8 Weeks)

Monday – Sept. 14, 21, 28 | Oct. 5, 19, 26 | Nov. 2 | (No lesson Sept. 7 or Oct. 12)

Tuesday – Sept. 8, 15, 22, 29 | Oct. 6, 13, 20, 27|

Wednesday – Sept. 9, 16, 23, 30 | Oct. 7, 14, 21, 28 |

Thursday – Sept. 10, 17, 24 | Oct. 1, 8, 15, 22, 29|

Registration Deadline: August 20, 2026

Session Fee: Mondays $420 (7 weeks NO lessons Sept. 7 or Oct. 12) Tuesday -Thursday $480 (8 weeks)

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Participant Information

Participant Name: ______________________________________Date of Birth: __________________________ Age: ____

Address: ____

City: __________________________________ Postal Code: ___________________

Parent/Guardian (if under 18): ____

Email: ____ Phone: ______________________

Emergency Contacts

1) Name: _______________________________ Relationship: ___________________________ Phone: ___________+___

2) Name: _______________________________ Relationship: ____________________________Phone: _______________

Health Information

Health Card #: _______________________

Medical Conditions/Diagnoses: ____

Recent Surgeries/Injuries: ____

Recent Health or Behavioural Changes: ____

Height: ___________________ Weight: ___________________________

For mounted programming, rider weight must not exceed 180 lbs (81 kg). Participants exceeding this limit will be enrolled in Horsemanship or Cart programming.

Program Selection

☐

Adaptive Riding (Mounted) ☐ Horsemanship (Non-Riding) ☐ Horse-Drawn Cart

Scheduling Preferences

Please indicate 1st and 2nd choice (placement not guaranteed):

Mondays	☐ Morning	☐ Afternoon	
Tuesdays		☐ Afternoon	☐ Evening
Wednesdays	☐ Morning	☐ Afternoon	
Thursdays	☐ Morning	☐ Afternoon	

1st Choice: _____

2nd Choice: _____

Billing Information

Payment Method: ☐ E-transfer ☐ Cheque (Payable to T.H.R.I.L.) ☐ Cash ☐ Credit Card

Payment Amount: Monday **$420** (7-week session) Tuesday – Thursday **$480** (8-week session)

PAYMENT INFORMATION Complete this section on Payment Amount only if you are paying by credit card. If you are paying by e-transfer, cash or cheque, please leave this section blank. An additional credit-card processing fee of will be added to the payment amount listed as below.

Total Amount to Be Charged: **$434** Monday (7-week session) Tuesday – Thursday $**496** (8-week session)

CARDHOLDER INFORMATION

Name on Card: _____Billing Address: _____

Credit-Card Number: _____

Expiry Date (MM/YY): _____Security Code (CVV): _____

AUTHORIZATION

I authorize T.H.R.I.L. to charge the credit card listed above for the above amount. I authorize T.H.R.I.L. to process the payments on the date received above. I understand that I must contact T.H.R.I.L. if I need to update my payment information or make changes to this authorization.

Cardholder's Signature: _____Date: _____

Authorization

I confirm that the information provided is accurate and complete and acknowledge the fundraising commitment requirement.

Signature: _____ Date: _____

Print Name: _____

Office Use Only

Date Received: _____ Payment Received: _____

Fundraising Option Selected: _____ Program Placement: _____

T.H.R.I.L
Visit Us www.thril.ca
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A non-profit charitable organization located at
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