



The Cutter Farm

Winter Horsemanship Program

2010 Registration

(Please print and return to The Cutter Farm)

Student's Name: _____	Age: _____
Address: _____	
City: _____	State: _____ Zip: _____
Parent/Guardian's Name: _____	
Day Time Phone: _____	E-Mail Address: _____
Alternate Contact: _____	Phone: _____
Relationship to Student: _____	
I hereby give permission for: _____ to participate in the Cutter <small>(student's full name)</small>	
Farm Winter Horsemanship program and understand and accept all inherent risks of horseback riding.	
_____ Signature of parent/legal guardian	

Please circle camp session:

Tuesday Feb 16th

Tuesday Feb 23rd

Please return this registration form by mail or send as an attachment to info@cutterfarm.com

**The Cutter Farm, Inc.
710 Mammoth Road
Dracut, MA 01826
978-957-4161**

Approved registrations will be confirmed by telephone or email.

*The payment of \$65 is due on or before the first day of the program. **Space is limited; PLAN EARLY!***



The Cutter Farm, Inc.
Dracut, Massachusetts
978-697-7858
www.cutterfarm.com

Medical Treatment/Liability Release

Medical Treatment Release/Liability Release

Period of time for which this release is valid (Program Date): _____

Medical Conditions your child has (i.e. allergies, asthma, diabetes, etc.)

List all conditions. If none, state "None" above.

The Cutter Farm and its assignees may have my child treated at the following facility/facilities:

Child's Doctor's Name: _____ Doctor's Phone: _____

Doctor's Address: _____

City: _____ State: _____ Zip: _____
(please attach directions to this form)

Insurance Information:

Provider: _____ Policy Number: _____
(You may attach a photocopy of your insurance card to this form)

If emergency room care is necessary, preferred:

Hospital: _____ 2nd Choice: _____

Warning

Under Massachusetts State Law, an equine professional is not liable for an injury to, or death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to Chapter 128 Section 2D of the General Laws.

Emergency Information

Medications taken at this time: _____
List all medications including non-prescription meds/supplements. If none, state "None"

Alternate Emergency contact (other than parent/guardian listed on registration) & phone number:

Full name Phone number relationship to camper

I, _____, the parent/guardian of _____
do hereby give permission to The Cutter Farm, Inc.; it's owners and/or staff permission to have my child cared for in the case of an emergency if they are unable to reach me or my appointed emergency contact.

Parent/Guardian signature: _____ Date: _____