



Cutter Farm Summer Camp 2017 Registration

(Please print and return to The Cutter Farm)

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

Please circle camp session:

July 10 – 14

August 7– 11

Please return this registration form, along with the *Horsemanship Skills Assessment Form*, (available on our website “Camp” page) at least **one week prior** to the first day of the week you have selected to:

The Cutter Farm, Inc.
710 Mammoth Road
Dracut, MA 01826
(978) 697-7858

Approved registrations will be confirmed by telephone. A \$95 non-refundable deposit is due after you receive confirmation to reserve your spot. Additional information will be sent at this time. The remaining payment of \$300 is due on or before the first day of camp. **Space is limited; PLAN EARLY!**



The Cutter Farm, Inc.
Dracut, Massachusetts
(978) 697-7858
info@cutterfarm.com
www.cutterfarm.com

Medical Treatment/Liability Release

Medical Treatment Release/Liability Release

Period of time for which this release is valid (Camp Dates): _____

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: _____

The Cutter Farm camp staff has permission to take my child on planned field trip(s). Yes No