



# Cutter Farm Summer Camp 2018 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 9 – 13**

**August 6– 10**

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: \_\_\_\_\_ 2<sup>nd</sup> 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