

**CASCADE STABLES**  
**Summer Riding Program 2018**

The following agreement is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2018 by and between **CASCADE STABLES, INC.**, hereinafter referred to as "Stables", and \_\_\_\_\_.

Parent/Guardian agrees to pay the sum of \$300 per week to enroll \_\_\_\_\_, thereafter referred to as "Rider", in the **Cascade Stables Summer Riding Program** for the 2018 term. Please fill out and return signed forms and payment\*\* (checks made payable to Cascade Stables) to Avery, or mail to:

Cascade Stables Summer Camp  
535 Calhoun Street  
New Orleans, LA 70118

\*\*A \$50 non-refundable deposit is due when camp forms are returned in order to secure a spot in that week of camp. The remaining \$250 is due the first day of the camp week.\*\*

Please Select Week(s)

- |  |   |   |
|--|---|---|
| 1) _____ June 4 <sup>th</sup> -8 <sup>th</sup>   | 4) _____ June 25 <sup>th</sup> -June 29 <sup>th</sup> | 7) _____ July 23 <sup>rd</sup> -July 27 <sup>th</sup> |
| 2) _____ June 11 <sup>th</sup> -15 <sup>th</sup> | 5) _____ July 9 <sup>th</sup> -July 13 <sup>th</sup>  | 8) _____ July 30 <sup>th</sup> -Aug. 3 <sup>rd</sup>  |
| 3) _____ June 18 <sup>th</sup> -22 <sup>nd</sup> | 6) _____ July 16 <sup>th</sup> -July 20 <sup>th</sup> |   |

If BEFORE CARE or AFTER CARE is required for week(s) attending camp, please specify below. BEFORE CARE is available from 8:00AM-9:00AM. AFTER CARE is available from 3:00PM-5:00PM. Payment of \$5 per ½ hour is due the same day.

\_\_\_\_\_ Before Care

\_\_\_\_\_ After Care

***Ages 5 & up. Long pants and close-toed hard soled shoes required for riding. All riders are **required** to wear a helmet while mounted. Helmets may be provided by the stables, so long as the helmet properly fits. Cascade Stables **STRONGLY RECOMMENDS** rider provide their own protective head gear.***

*Rider will be assigned a horse for his/her use during the hours set forth above. Activities will include riding and grooming as well as instruction in the proper care and handling of saddles, bridles, and other riding equipment. The rider is to bring a lunch each day. Parent certifies that he/she is well aware of the dangers and risks of accident inherent in riding and attendance of horses and fully assumes all such risks of loss, damage, injury or accident.*

**WARNING**

**Under Louisiana law, a farm animal activity sponsor or farm animal sponsor professional is not liable for injury to, or the death of a participant in a farm animal activity/activities resulting from the inherent risks of farm animal activity, pursuant to R.S.9:2795.1.**

Parent/Guardian\_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**CASCADE STABLES**  
CAMPER INFORMATION

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

E-Mail: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_  
WORK \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_  
WORK \_\_\_\_\_

**EMERGENCY CONTACT IF MOTHER AND FATHER ARE UNAVAILABLE**

NAME: \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_  
WORK \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_

PHONE: \_\_\_\_\_

ALLERGIES IF ANY: \_\_\_\_\_

ARE THERE ANY SPECIAL NEEDS?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_