

# Cascade Stables

## Winter Riding Camp 2017

The following agreement is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 2017 by and between **CASCADE STABLES, INC.**, hereinafter referred to as “Stables”, and \_\_\_\_\_

Parent/Guardian agrees to pay the sum of \$65 per day to enroll \_\_\_\_\_, thereafter referred to as “Rider”, in the **Cascade Stables Winter Camp Riding Program**. Please fill out and return signed forms and payment\*\* (checks made payable to Cascade Stables) to Avery, or mail to:

*Cascade Stables Winter Camp*

*535 Calhoun Street*

*New Orleans, LA 70118*

Please select day(s) in which you would like your child to attend:

December 19th \_\_\_\_\_

December 26th \_\_\_\_\_

December 20th \_\_\_\_\_

December 27th \_\_\_\_\_

December 21st \_\_\_\_\_

December 28th \_\_\_\_\_

December 22nd \_\_\_\_\_

December 29th \_\_\_\_\_

### **WARNING**

**Under Louisiana law, a farm animal activity sponsor or farm animal sponsor professional is not liable for an injury to or the death of a participant in a farm animal activity. Activities resulting from the inherent risk 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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_