

# *Different Drummer Farm*

## *Riding program registration*

*Student name:* \_\_\_\_\_ *Age:* \_\_\_\_\_ *Home phone:* \_\_\_\_\_

*Mailing address:* \_\_\_\_\_ *Cell phone:* \_\_\_\_\_

*Parent or spouse's name:* \_\_\_\_\_ *work phone:* \_\_\_\_\_

*Email address:* \_\_\_\_\_

*Other emergency contact info.* \_\_\_\_\_ *phone:* \_\_\_\_\_

*Briefly describe previous riding experience:* \_\_\_\_\_

*Personal goals for the season:* \_\_\_\_\_

*Days and time available to ride:* \_\_\_\_\_

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### *Permission to treat statement*

*I give my permission for the owners of Different Drummer Farm and its staff to pursue medical treatment for my child in the event that I cannot be reached in an emergency situation.*

*Parent's signature if child is under the age of 18-X* \_\_\_\_\_

*Family Physician:* \_\_\_\_\_ *phone:* \_\_\_\_\_

*Hospital of choice:* \_\_\_\_\_ *phone:* \_\_\_\_\_

*Insurance name and ID#* \_\_\_\_\_

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### *Waiver of liability*

*I understand that under the NH equine laws, participating in any activity with horses or ponies will be at my own risk. I agree to hold harmless, Different Drummer Farm, it's owners and staff for any accident or injury occurring while on the premises.*

*Parent or Student signature (if over 18)-X* \_\_\_\_\_

*\*Please return this form along with yearly \$20.00 insurance registration fee prior to the first lesson*