

Cash Lovell Stables and Riding Academy 2010 Registration Form



Rider's Name _____ Birthdate: _____

Address _____ Sex: _____ Age: _____

City, State, Zip _____

Mother's Name (Circle: Mrs./Ms./Miss./Dr.) _____

Address (If different from above) _____

City, State, Zip _____ E-mail address: _____

Place of Business _____ Occupation _____

Phone _____ Cell Phone _____ Emergency Phone: _____

Father's Name (Circle: Mr. / Dr.) _____

Address (If different from above) _____

City, State, Zip _____ e-mail address: _____

Place of Business _____ Occupation _____

Phone _____ Cell Phone _____ Emergency Phone: _____

Other Payer's Name (Circle: Mr./Mrs./Ms./Miss/Dr.) _____

Address (If different from above) _____

City, State, Zip _____

Place of Business _____ Occupation _____

Phone _____ Cell Phone _____ Emergency Phone: _____

How did you learn about Cash Lovell Stables? _____

For Office Use Only:

Class: _____ Day: M T W Th F S Su Instructor: _____

Class: _____ Day: M T W Th F S Su Instructor: _____

Class: _____ Day: M T W Th F S Su Instructor: _____

Class: _____ Day: M T W Th F S Su Instructor: _____

Class: _____ Day: M T W Th F S Su Instructor: _____

Emergency Medical Information and Release, Waiver of Liability

WARNING: Under NC Law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting exclusively from the inherent risks of equine activities. Chapter 99E of the N.C General Statutes.

I agree to, or I agree to allow this child to, participate in activities offered by Cash Lovell Stables & Riding Academy. I understand that I, or this child, shall abide by all barn rules as a condition of participation. I am aware that equine activities may cause accident or injury as a direct or indirect result of participation. I agree to assume all risks involved in my or in this child's participation in ALL activities at Cash Lovell Stables & Riding Academy. I further agree to release Cash Lovell Stables, Cash Lovell Riding Academy, its owners Cash and Parker Lovell, its employees, volunteers and agents from any responsibility should an accident occur.

I hereby authorize Cash Lovell Stables and Riding Academy to secure medical treatment for _____ (child's name) in any emergency which may occur while she/he is riding or at the barn.

Signed: _____ (Parent of Legal Guardian)

Name of Parent of Legal Guardian signing: _____

Date: _____

Emergency Phone #s: Call First: _____ Call Second: _____

Name of Insurance Company: _____

Insured's Name: _____ Phone: _____

Group #: _____ Policy #: _____

Are there any special medical conditions that we need to be aware of?

Name of Rider's Physician: _____ Phone: _____

Payment Plan Choice – Check either Payment Plan #1 or Payment Plan #2

_____ Payment Plan #1 (draft/credit card – cheapest) or _____ Payment Plan #2 (pay monthly with fee)

I understand the new Cash Lovell Stables Billing Policy and realize that I must notify the office IN WRITING by the 20th of the month to drop myself or my child for the following month.

Signed: Parent of Legal Guardian or Self _____ Date: _____

For Payment Plan #1:

_____ Bank Account – our Preferred method (Please attach a voided check)

_____ Circle: Mastercard/Visa – Name as it appears on the Card _____

Credit Card # _____ Exp. Date _____

Signature: _____ Phone: _____ Date: _____