Cedarhill Farm Registration Form 2016-2017 Note that there is a \$25 registration fee for all new and returning riders each year.

Please submit both the filled out form and payment to be officially registered. Thank you.

Rider's Name:			-	
Parent Names:			2016-2017 Lesson Rates: Private lessons:	
Email (for news and invoicing):			\$95/half hour instruction.	
Home Phone: Rider's Cell:			Semi Private lessons: \$95/one hour instruction.	
Mother's Cell: Father's Cell:				
Street Address:			\$85/ one hour instruction.	
City:			Session Group lessons: \$70/ one hour instruction.	
Grade:School:			This rate is for students who	
EMERGENCY CONTACT:	Cell:		come every week and prepay for the month. No make-ups or rescheduling. To discontinue the	
RIDER'S LEVEL (please circle)			session lessons, please inform Brian and your instructor by either email	
Beginner Walk/Trot Walk/Trot/Can	ter X-Rails 2′ 2′	6 3+	or writing.	
Days Available to ride: M T W Th				
Times available to ride: Lessons start on	the hour. You need to allo	ow 30 minutes before a	nd after tacking and horse care	
Monday-Friday on at: 3 4 5			G	
Saturday on at: 9 10 11 1	2 1			
How many lessons per week?				
Notes:				
RELEASE & HOLD HARMLESS AGR including but not limited to bodily injury and physical being around horses at Cedarhill Farm, Inc., located a and indemnify Cedarhill Farm, Inc. and staff, and furth Undersigned or to any horse owned by the Undersigned WARNING! Under North Carolina Law, an equine act the death of a participant in equine activities resulting	Il harm to rider, spectator and ho at 2620 Waxhaw Marvin Road, V her release them from any liabil ned or to any family member or tivity sponsor or equine profession g exclusively from the inherent i	orse. In consideration, therefon Jaxhaw, NC the Undersigned of the consideration of the cons	re, for the privilege of riding and/or does hereby agree to hold harmless nt, damage, injury, or illness to the Undersigned on the premises. to or tter 99E of the North Carolina Statutes.	
MEDICAL CARE INSTRUCTIONS				
In the event of a medical emergency, Cedarhill Farm, Inc. and its staff has my permission to seek medical care for:				
Please list any allergies to medicine or i		ii iids iiiy peiiiiissioii to	seek medical care for.	
As needed, Cedarhill may give me, or my		ease circle)		
Benadryl (oral, for insect bites) • Children's	,	,	g Medication	
In the event of a medical emergency that i	requires ambulatory trans	portation, I request that	I (the rider) be taken to:	
Hospital/Medical Facility			····	
Primary Physician		#		
			Date	

Signature of Rider or Parent/Guardian if rider is a minor.

