

**Madisonville Equestrian Center, 135 Vista St., Madisonville, LA 70447**

**(985) 778-6981**

**Lesson, Camp, Field Trip, and Birthday Party Enrollment**

**General Information:**

Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State \_\_\_\_\_ Zip: \_\_\_\_\_  
School Currently Attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
Lesson Day(s) \_\_\_\_\_ Time \_\_\_\_\_ Private \_\_\_\_\_ Group \_\_\_\_\_  
Monthly \_\_\_\_\_ Fee Pd. \_\_\_\_\_ Weeks Paid: \_\_\_\_\_  
Camp Date: \_\_\_\_\_ Birthday Party Date: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**In Case Of Emergency Contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relation: \_\_\_\_\_  
Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance: \_\_\_\_\_ PolicyNo: \_\_\_\_\_

**Acknowledgment of Risks:**

I have enrolled my child \_\_\_\_\_ in the Madisonville Equestrian Center program. I understand that children enrolled in this program will participate in various activities, each of which involves a variety of physical exertion and physical contact. I understand that injuries can and do occur and I am aware of such risks. I am not aware of any medical illnesses or restriction which might prevent my child from participation in any of these activities, except for the following; (If none, indicate)

\_\_\_\_\_

My child has my permission to participate in all activities. \_\_\_\_\_

In the event of a medical emergency requiring more than basic first aid, I understand that all feasible attempts to contact me will be made. I understand that in order to obtain the quickest medical treatment for my child, an ambulance may be called to transport my child to the nearest emergency care facility.

Rather than follow this procedure, I request that the following alternative plan be adopted for my child; (if none, so indicate)

\_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_