



# City to Saddle Enrollment Form General Information

City to Saddle (CTS) is a nonprofit 501 (c3) charitable organization providing funding and access to equestrian programs for underserved children. Proof of eligibility may be required.

***Please note all forms and commitment fees must be received prior to the start of the first session.***

Child's name: \_\_\_\_\_ Age: \_\_\_\_\_

Name of sponsoring Youth Organization (example: YMCA, Big Brother/ Sister, etc.), if any:

\_\_\_\_\_ Phone: \_\_\_\_\_

Name of Organization Representative: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Program Dates/Times, if known: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

\_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Email: \_\_\_\_\_



# City To Saddle Enrollment Form Medical Information

## **EMERGENCY MEDICAL INFORMATION:**

Emergency Contact Name: \_\_\_\_\_

Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## **Medical Insurance:**

Name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Specific medical problems and conditions, including medication allergies, bee stings, or other: \_\_\_\_\_

\_\_\_\_\_

Necessary medications (insulin, inhalers, etc): \_\_\_\_\_

\_\_\_\_\_

## **Medical Treatment Release:**

I give consent for emergency medical treatment/aid in case of illness or injury during my participation with City to Saddle activities. This authorization includes x-rays, hospitalization, medication and any treatment deemed "life saving" by the physician.

Signature of parent/legal guardian:

\_\_\_\_\_

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



# City to Saddle Enrollment Form Waiver of Liability

## Release of Liability:

This is an AGREEMENT made this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_

By and between City to Saddle , host farm, and the program participant.

WHEREAS \_\_\_\_\_ (participant) is desirous of participating in riding and  
other horsemanship activities with City to Saddle at

\_\_\_\_\_ (Host Farm)

WHEREAS, the participant understands that working around and riding horses can be dangerous due to  
the unpredictability and size of horses and that horses can inadvertently seriously injure and/or kill people  
and that people can be thrown while riding, all causing person(s) serious injury.

Now, therefore, mutual consideration, the participant covenants and agrees that City to Saddle and  
\_\_\_\_\_ (host farm) shall in no way be liable to the participant, his or her  
heirs, executors or assigns for any damage or redress in any form for any injuries fatally or otherwise  
caused to or sustained by the participant because of accident from any cause whatsoever while engaged  
in any capacity while involved with City to Saddle or the host farm from any loss that may result from any  
claim, suit or legal action brought by the student and/or his/her heirs, executors, administrators, or  
assigns.

WITNESS our hands and seals on the day and year first written above,

By \_\_\_\_\_ (Host Farm Representative) Date: \_\_\_\_\_

By \_\_\_\_\_ (City to Saddle Representative) Date: \_\_\_\_\_

Signature: \_\_\_\_\_ (Parent/Legal Guardian) Date: \_\_\_\_\_

**Under Massachusetts Law, an Equine Professional is not liable for an injury to, or the death of, a  
participant in equine activities resulting from the inherent risks of equine activities, pursuant to  
Chapter 128, Section 2D of the General Law.**



# City To Saddle Enrollment Form

## Eligibility and Photo Release

### Commitment Fee:

City to Saddle (CTS) is a nonprofit 501 (c3) charitable organization providing funding and access to equestrian programs for underserved children. Only children living in households with a total income less than 300% of the poverty level may attend. If requested, participants agree to provide income documentation for verification purposes.

<https://smartasset.com/financial-advisor/federal-poverty-level-2020>

Commitment Fee: \$ \_\_\_\_\_ (amount to be determined)

### Photo Release:

I hereby consent to and authorize the use and reproduction by City to Saddle and associated organizations of any and all photographs taken of me/my son/my daughter/my ward for promotional printed materials, educational activities, websites, exhibitions, or for any other use for the benefit of City to Saddle.

**Please check box:**     Image and Name                       Image Only

Signature of parent/legal guardian:

\_\_\_\_\_

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

**Please give all completed pages with fee prior to the first session to your group/organization leader. Unless directed otherwise, group leaders (and individuals not part of a group), please send to:**

City to Saddle/Barbara Zenker  
4345 Manning Lane  
Dallas, TX 75220

citytosaddle@gmail.com

**If this is an application for a program at Mesa Farm, group/organization leaders, (and individuals not part of a group) please send directly to:**

Mesa Farm/Dale Perkins  
67 Muschopauge Road  
Rutland, MA 01543

dale.mesafarm@gmail.com

*City to Saddle does not discriminate on the basis of race, color, religion (creed), sex, gender identity, gender expressions, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.*