



NEW YORK EQUESTRIAN CENTER Ltd.  
633 Eagle Avenue, West Hempstead NY 11552  
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[mynyec.com](http://mynyec.com)

## SUMMER CAMP REGISTRATION FORM

### **Children's Information**

Child's Name: \_\_\_\_\_

Age of Child: \_\_\_\_\_ Child's Weight \_\_\_\_\_

Riding Experience: \_\_\_\_\_ Child's Height \_\_\_\_\_

### **Parent Contact Information**

Parent Full Name \_\_\_\_\_

Parent Home Phone # \_\_\_\_\_

Parent Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Parent Email Address \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Lunch Option: Monday  Tuesday  Wednesday  Thursday  Friday

### **Emergency Contact Information**

Full Name \_\_\_\_\_

Home Phone # \_\_\_\_\_

Work # \_\_\_\_\_ Cell # \_\_\_\_\_



Children Ages 7 through 15 years old.

Each camp session runs for 1 week starting every Monday and the hours are from 9:00am to 4:00pm.

This enrollment is not valid unless signed by the parent or guardian of the camper enrolled and accepted by the Camp Director. Riding time may be lessened due to weather conditions, including temperatures of 90 degrees and up and rain. Other activities will be substituted during this time.

Once camp has started there will be No Refunds, unless your child has a medical illness, in which case a doctor's note must be provided.

It is agreed that in the event that a parent cannot be reached in case of an emergency affecting the camper, permission is given to the child's physician as indicated in the camp records or, if unavailable, the physician selected by the Camp to administer proper treatment to the child.

Parent Name (signed) \_\_\_\_\_

Parent Name (printed) \_\_\_\_\_

Date \_\_\_\_\_

For Office Use Only:
Total price of week(s) _____
Discount option: _____
Lunch addition: _____
Car service addition: _____

For Office Use Only:
Amount of Deposit \$ _____
Date Deposit Made: _____
Balance Due: _____
Balance Paid: _____