



NEW YORK EQUESTRIAN CENTER Ltd.
633 Eagle Avenue, West Hempstead NY 11552

516-486-9673

mynyec.com

WINTER EQUINE 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: _____

Emergency Contact Information

Full Name _____

Home Phone # _____

Work # _____ Cell # _____

Physician _____ Physician Phone _____

Allergies/ Medications: _____



Winter Equine Camp Children Ages 7 through 15 years old.

9:00 am to 3:00 pm.

Price for Full 5 day session is \$549.99

Price per day is \$125.00

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. Other activities will be substituted during this time. NO Refund or Credits for missed days also there are no makeup sessions

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: Amount of Deposit \$ _____ Date Deposit Made: _____ Date Paid in Full: _____
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