

STEP UP at New Forest Equestrian Centre P.O. Box 2918 Glenville, NY 12325-0918 Phone (barn): 518-374-5116

Youth Client Registration Form

Client Name:				
Date of Birth:	Age:			
Street Address:				
City/State/Zip:	(1			
Phone:	(home)			
Physician Name:				
Parent/Guardian:				
Street Address:				
City/State/Zip:	(1)	(II)		
Phone:	(home)	(cell)		(work)
Email Address:				
Diagnosis:				Weight:
School or institution c	urrently attend	ling:		
Do you have your own				
In the event of an EM				
Name #2:			_ Phone:	
01/08- 03/31 These are appro Plea Lesson Day/Time [] Thursda ** Additional da	Session 2 []S 4/01-4/30 5 ()Sessio 10/01-10/3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	5/1-5/30 6/01-6/30 on 8 () Session 9 () Ses 31 11/01-11/29 12/ nd are subject to change ssions and days ar Fime: [] Tuesday [] Friday Time: ble by appointment only & 0	[] Session 7/01-7/3 ssion 10 01 – 12/14 e due to Ho ad times y Time: _ [] Sat determined e of evalua for specific	[] Wednesday Time: urday Time: by therapist & volunteer availability ation based upon the rider's needs
		(optional)		
Program (STEP) of an	iy and all photo ny ward for pro	e use and reproductio ographs and any other omotional printed mate	audio-vis	Saratoga Therapeutic Equestrian ual materials taken of me / my ational activities, exhibitions, or for
Signature:			Date:	
				5) to the above address. If you 16 (barn #). <i>Thank you!</i>