

## STEP UP at New Forest Equestrian Centre P.O. Box 2918 Glenville, NY 12325-0918

Phone (barn): 518-374-5116

## **ADULT Client Registration**

Client Name:				
Date of Birth: Street Address:			Age:	
City/State/Zip:				
Phone:	(home)			
Parent/Guardian	(1101116)			
Street Address:				
City/State/Zip:				
Phone:	(home)	(cell)	(work)	
Email Address:				
Diagnosis:				
_				
In the event of an I	EMERGENCY, plea	se contact:		
			Phone:	
M			Phone:	
Rider:	[] Returning R	tider [] New Rider		
		ession 3 [] Session 4 [ n 9 [] Session 10 [] S	] Session 5 [ ] Session 6 [ ] Session 11 [ ] Session 12	ession 7
Session	You may choo	and run monthly in <sup>2</sup> ose the whole seasor TIME REQUESTED A	•	he year
			: [ ] Wednesday Time ay (starting at 10:00am & starting	
PLEASE NOTE: Fe		l by placement at time er to parent letter for s	of evaluation based upon the pecific list of fees	e rider's needs
		Photo Release	1	
Program (STEP) of	any and all photo / my ward for pro	graphs and any other a motional printed mater	by the Saratoga Therapeution audio-visual materials taken crial, educational activities, exl	of me / my
Signature:	Date:			

Please return this registration form and registration fee (\$35) to the above address. If you have any questions, please call Kay White PT at 518-374-5116 (barn #). *Thank you!*