



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: _____ Age: _____
 Street Address: _____
 City/State/Zip: _____
 Phone: (home) _____
 Parent/Guardian _____
 Street Address: _____
 City/State/Zip: _____
 Phone: (home) _____ (cell) _____ (work) _____
 Email Address: _____
 Diagnosis: _____
 Pre-cautions/Contraindications: _____

In the event of an EMERGENCY, please contact:

Name #1: _____ Phone: _____
 Name #2: _____ Phone: _____

Rider: Returning Rider New Rider

Session: Session 1 Session 2 Session 3 Session 4 Session 5 Session 6 Session 7
 Session 8 Session 9 Session 10 Session 11 Session 12

Sessions begin January and run monthly in 4 week blocks throughout the year
 You may choose the whole season or specific sessions
PLEASE LIST TIME REQUESTED AND GIVE 3 CHOICES

Lesson Day/Times: Monday time: _____ Tuesday Time : _____ Wednesday Time : _____
 Thursday Time: _____ Friday Time: _____ Saturday (starting at 10:00am & starting at
 1:00pm) _____

PLEASE NOTE: Fees are determined by placement at time of evaluation based upon the rider's needs
 Please refer to parent letter for specific list of fees

Photo Release (optional)

I hereby consent to and authorize the use and reproduction by the Saratoga Therapeutic Equestrian Program (STEP) of any and all photographs and any other audio-visual materials taken of me / my son / my daughter / my ward for promotional printed material, educational activities, exhibitions, or for any other use for the benefit of the program.

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!