

40 Fort Lee Road|Leonia, NJ 07605|201-336-3370|bergenequestriancenter@gmail.com

2024 Summer Camp Checklist and Registration

Welcome to the Bergen Equestrian Center and thanks for choosing us for your summer camp experience. Enclosed is all the information you need for camp this year. Each week of camp will be packed with fun, friends and lots and lots of horses! Let us know if you have any questions or would like to schedule a tour of the stable before camp starts.

Campers Name: _____

- ____ Completed and Signed Registration Form
- _____ Bergen Equestrian Center Liability Waiver and Photo Release
- Bergen County Audubon Society Liability Waiver and Photo Release
- _____ \$150 per Week Deposit (non-refundable)
- Copy of Physical Exam with Immunizations (within last 12 months)
- _____ ASTM Certified Riding Helmet and Paddock Boots
- _____ Drop-Off is 8:45 a.m. (not before) with a temperature check
- Pick-Up is promptly at 1:00 p.m. (unless enrolled in Post-Camp)

FOR OFFICE USE ONLY:		
All Forms Received:		
Received by:	Date Received:	
Amount Received w/ Application:	Method of Payment:	Balance Due:



2024 Camp Registration Form

Camper's Name:		Age	e (on the 1 st day of car	mp):	
Date of Last Riding Lesson:		Where?			
Home Address:		City	y:	State:	Zip:
Rider's Height:		_ Rider's W	eight:		
Riding Level: (circle one)	Never Ridden	Walk	Walk/Trot		
*If the camper has previous riding expe before camp starts, for placement purp				-	n evaluation lesson
Parent/Guardian Name:					
Phone:	A	Alt Phone: _			
Email address:					
Camp Dates	(Please check wh	rich-weeks	you-are signin	g up for)-	
Week 1 - Jun	. 24 to June 28	We	ek 2 - July 1 to	July 5	
Week 3 - July 8	8 to July 12	Week 4	- July 15 to Ju	ıly 19	-
Week 5 - July	22 to July 26	_ Week	x 6 – July 29 to	Aug. 2	_
Week 7 - Aug.	5 to 9	Week 8	- Aug. 12 to A	ug 16	-
	Week 9 - Aug.	19 to Aug	. 23		
Space is limited. You may be placed checks made out to Indian Hills Far		-	•		
Post Camp Sign-Up (\$175 per	week / 1:00 pm to 3	:00 pm):			
Camp Week Dates:					

Registration Form (continued)

Emergency Contact Information:

	ed regarding important matters pertaining to my child, I authorize these entification will be required at pick-up):				
	Relationship to Child:				
	Cell Phone:				
Name:	Relationship to Child:				
Daytime Phone:	Cell Phone:				
Medical:					
Pediatrician's Name:	Phone:				
Date of Last Physical Exam: dated within the last 12 months.	e of Last Physical Exam: Please include a copy of your latest physical with immunizatior ed within the last 12 months.				
Any Medical Issues/Allergies? No	_Yes, describe:				
	s, please describe				
Amount Due:					
Bergen County Residents (\$695/weel	د): Post Camp/1pm-3pm (\$175 per week):				
Per Week Deposit:					
Balance Due (Less Deposit):					
Non-Bergen Residents (\$745/week):	Post Camp/1pm-3pm (\$175 per week):				
Per Week Deposit:					
Balance Due (Less Deposit):					

I have read this entire application and I agree to abide by all terms, regulations and policies of the Bergen Equestrian Center, BEC Summer Camp and Indian Hills Farm. I have also read all liability and photo waivers and confirm I have the legal authority to sign said waivers. I understand camp attendance is contingent upon payment and return of all required paperwork. Payment <u>must</u> be made in full the Friday before the camper's week starts.

Signature of Parent or Legal Guardian