

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

## 2025 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)				
All Forms Received	ICE USE ONLY:  Received:				



## **2024 Camp Registration Form**

Camper's Name:		Age	e (on the 1st day of car	np):	
Date of Last Riding Lesson:		_Where?_			
Home Address:	Cit	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 exper before camp starts, for placement purpo	ses*	ng somewhere	e other than BEC, we	recommend a	n evaluation lesson
Parent/Guardian Name:					
Phone:	A	It Phone: <sub>-</sub>			
Email address:					
Camp Dates	(Please check whi	ich weeks	you are signin	g up for)	
Week 1 - Jun.	23 to June 27	We	ek 2 – June 30	to July 3 <sub>-</sub>	_
Week 3 - July 7	to July 11	Week 4	l - July 14 to Ju	ıly 18	
Week 5 - July 2	21 to July 25	Week	c 6 – July 28 to	Aug. 1	_
Week 7 - Aug. 4	l to Aug. 8	We	eek 8 - Aug. 11	to Aug 15	·
	Week 9 - Aug.	18 to Aug	J. 22		
Space is limited. You may be placed o checks made out to Indian Hills Farn Post Camp Sign-Up (\$175 per w	n a wait list if the week yn and cash. A non-refun	you choose ho dable deposi	as filled up. We acce	pt Visa and M	asterCard, personal

**Registration Form (continued)** 

Camp Week Dates: \_\_\_\_\_

## **Emergency Contact Information:**

people to pick up my child (photo id	lentification will be required at pick-up):
Name:	Relationship to Child:
Daytime Phone:	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.	Please include a copy of your latest physical with immunizations,
Any Medical Issues/Allergies? No	Yes, describe:
	es, please describe
Amount Due:	
Bergen County Residents (\$695/weel	k): 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):	
Equestrian Center, BEC Summer Cam and confirm I have the legal authority	nd I agree to abide by all terms, regulations and policies of the Bergen op and Indian Hills Farm. I have also read all liability and photo waivers y to sign said waivers. I understand camp attendance is contingent upon aperwork. Payment must be made in full the Friday before the camper's
	 n Date

If I am unable to pick up or be reached regarding important matters pertaining to my child, I authorize these