

SUNNYMIST FARM, 18625 Main Road,
Mattituck, NY

www.sunnymistfarm.com

e-mail: sunnymistfarm@yahoo.com

Children's Program Administrator:

Joanne: 631-848-9852

Trainer/Farm office: 631-905-6396



FALL YOUTH RIDING PROGRAM REGISTRATION FORM

Please complete this registration form and return with your full payment

Please make all checks out to Sunnymist Farm.

Completed registration forms along with payment may be mailed to:

Sunnymist Farm, PO Box 1244, Cutchogue, NY 11935

Name of Child: _____ Age: _____ DOB: _____
Parent/Guardian Name: _____
Home Address: _____
e-mail: _____ Cell: _____ Home Phone: _____
Health Insurance Provider: _____ Tel: _____
Responsible Party: _____ Policy #: _____

Program Hours: 4:00PM – 5:30PM

Desired Session (please indicate your desired session/sessions):

- Session I: TUESDAYS (10/3, 10, 17, 24)
 Session II: THURSDAYS (10/5, 12, 19, 26)

Cost: \$160/session Amount Enclosed: _____

*Discounts: Sibling discount: Save \$15/session on second child; Multiple sessions: Save \$15/session on second session;
Note: discounts may not be combined.*

1. How much riding experience does your child have? Please check all that apply:

- Never ridden a horse before
 Taken pony rides with assistance from a horse handler
 Attended Pony Camp—if yes, how many years: _____
 Taken private lessons—if yes, for how long? _____
 Ridden without assistance—if yes, indicate level: I am able to: walk / trot / canter / jump fences

2. Does your child have any allergies or other health conditions that we should be aware of? YES / NO

If YES, please describe below: _____

3. Emergency Contact Information (name/tel#):

- 1) _____
2) _____

4. May anyone other than the Parents/Guardians of the student rider pick up your child from class? If so, please list their names and contact information here:

- 1) _____
2) _____

5. In the event of accident, illness, or medical emergency, we will attempt to contact the parents/guardians of the student rider at the telephone numbers provided above. If necessary, do we have permission to administer first aid to your child until you or an Emergency Medical Technician (EMT) arrives? YES / NO

6. May we include your child in photos which may be used for marketing purposes? We will not identify your child by name. YES / NO

Parent Signature

Today's Date