

BERGEN EQUESTRIAN CENTER

40 Fort Lee Road
Leonia, NJ 07605
(201) 336-3370

Name:	Cell #:	Email:
	Cell Provider:	
Date of Birth: ___(m)/___(d)/___(yr)	Text Confirmations: ____ [Y] ____ [N]	I would like to subscribe to the following: [] Newsletters and Promotions [] Upcoming Events [] Lesson Confirmations
Address:	Alternate #:	
Age (if under 19):	Height:	Weight:
Prior Riding Experience: [] YES [] NO If yes, please explain:		

BERGEN EQUESTRIAN CENTER POLICIES

24 Hour Cancellation Policy

Twenty-four (24) hour notice is required to cancel a lesson or you will be charged the full lesson rate and/or the lesson will be deducted from your lesson package.

CLIENT INITIALS: _____

Same Day Rescheduling Policy

A \$25.00 rescheduling fee will apply when you request a same day change to your lesson (i.e. change in lesson time).

CLIENT INITIALS: _____

Lesson Package Expiration

Lesson packages expire **four (4)** months from the date of purchase. **No** refunds, extensions or exceptions will be made.

CLIENT INITIALS: _____

Substitution of Instructors

BEC reserves the right to substitute instructors when needed.

CLIENT INITIALS: _____

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Client Accounts

Clients are expected to maintain a \$0.00 balance on their account at all times.

Clients with standing appointments, who are no shows three (3) consecutive times, will lose their standing appointment.

Any client owing the equivalent of one (1) lesson must pay the outstanding balance at their next scheduled visit, in addition to that day's lesson.

Any client owing the equivalent of two (2) lessons will be required to settle their account, in full, **prior** to scheduling or taking their next lesson. We accept Visa, MasterCard and Discover over the phone. You can also stop by the main office to settle your account and schedule your next lesson.

Unpaid client accounts greater than 30 calendar days will (1) accrue interest (2) riding privileges will be suspended until the balance is paid in full and (3) prepayment of future lessons will be required for a period of three (3) months.

CLIENT INITIALS: _____

Helmet Rental and Boot Use

BEC has a limited supply of helmets and boots for your use. Due to limited availability, clients are strongly encouraged to provide their own equipment. BEC is **not** responsible for missed or abbreviated lessons should the equipment you need be unavailable at the time of your lesson.

All riders must wear an equestrian approved safety riding helmet. No other helmets will be permitted. Helmet rentals are \$3.00 per lesson and payable in cash **before** the start of your lesson.

Clients may borrow riding boots for their lesson at no charge. Socks are required.

Failure to return the helmet and/or boots will result in a \$50.00 per item replacement fee.

CLIENT INITIALS: _____

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Freezing Lesson Packages

Lesson packages can be frozen under the following two circumstances and when same has been approved by BEC management:

- (1) Extended absence for summer vacations/summer camp (packages will automatically resume September 1st)
- (2) Medical reasons. *A written doctor’s note will be required when freezing a package for medical reasons. The doctor note should include: first day out and the estimated/approximate return date to riding. Any client wishing to return to riding prior to the expiration of the doctor note will be required to provide an updated note with an updated return date.

CLIENT INITIALS: _____

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ACKNOWLEDGEMENT

By signing and dating below, I acknowledge that I have read and understand the above Bergen Equestrian Center Policies. I also understand that in the event I did not provide my initials to any of the above policies, accidentally or intentionally, that my signature below acts as a global understanding and acceptance of the above policies.

I also acknowledge receipt of BEC’s Rules and Regulations and will familiarize myself with these rules and regulations as it contains important information that may not have been provided to me in advance.

SIGNATURE: _____

PRINTED NAME: _____

RELATIONSHIP TO CLIENT IF CLIENT IS A MINOR: _____

DATED: _____