

# NEW YORK CITY RIDING ACADEMY

Academy Administrative Office Location  
P.O. Box 690517  
East Elmhurst, New York 11369

Academy Manhattan Location  
One Randall's Island Park  
New York, New York 10035

TELEPHONE (212) 860-2986

## NEW YORK CITY RIDING ACADEMY 2024 STUDENT APPLICATION

Please complete this student application and return it to the Academy Director at [info@nycridingacademy.org](mailto:info@nycridingacademy.org) for processing.

**Student's Name:** \_\_\_\_\_ **Birth date:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_

(Check one)

**Level of Riding:** **Beginner**      **Intermediate**      **Advanced**      **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_

**Parent/Guardian** (provide if student is less than 18) \_\_\_\_\_ **Returning Rider?** **Yes:** \_\_\_\_\_ **No:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

### STUDENT HORSEBACK RIDING LESSON PREFERENCE

30 minute lessons (4 lessons minimum)

List dates and times for the horseback riding lessons you are requesting

Month	Week 1	Week 2	Week 3	Week 4	Number	Time
April						
May						
June						
July						
August						
September						
October						

**TOTAL NUMBER OF LESSONS REQUESTED:** \_\_\_\_\_

**Type of Lessons:**      **Western**      **English**

**List any special medical conditions:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_ **Business Phone:** \_\_\_\_\_

**Print Parent Guardian Name:** \_\_\_\_\_

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_