

SEATON HACKNEY STABLES

2009 SUMMER CAMP REGISTRATION

Registrations can be completed in person or faxed/mailed to our office. Be certain to complete both sides of form.

PLEASE PRINT CLEARLY:

Camper's Name _____ Age: _____ Birth Date: _____
Address _____ City _____ State _____ Zip _____
Daytime Phone: () _____ Home/evening phone: () _____ Cell Phone: () _____
Email address (for announcements, special events, etc.): _____

If currently riding at SHS, indicate your Troop Level: 1 2 3 4 5 6 7 8
If not riding in Troop, indicate your riding level: Beginner Intermediate Advanced-Intermediate Advanced

CONTACT INFORMATION

Mother's Name: _____ Work () _____ Cell () _____
Father's Name: _____ Work () _____ Cell () _____
Emergency Name: _____ Work () _____ Cell () _____
Health Insurance Carrier and Policy # _____
How did you hear about our camp? _____

THIS SECTION MUST BE SIGNED BY PARENT AND/OR GUARDIAN BEFORE REGISTRATION IS ACCEPTED.

I hereby give permission to Seaton Hackney Camp to transport the child named above off the camp property for the purpose of medical care or program activities as deemed appropriate by the Camp Director. In the event that I cannot be reached in an emergency, I give permission to the physician selected by the camp director to hospitalize, secure proper treatment for, and to order injection, anesthetic or surgery for the child named above. I understand that Seaton Hackney Stables does not provide accident/medical insurance for the child named above. Medical bills, including prescription drugs, will be the responsibility of the parent or guardian named below.

Rules for campers are the same for everyone without regard to race, color, national origin, gender or disability. I understand that all campers will be treated as individuals and respect will be shown for a range of abilities and behaviors. I agree that Seaton Hackney Stables reserves the right to dismiss a child from camp whose special needs they are not able to provide for or whose conduct is not in the best interest of the camp community, without refund. I will notify the director if my child has any serious restrictions related to his/her participation in the camp program.

I am aware of the following policies regarding camp fees:

- ❖ **Deposits are non-refundable.**
- ❖ **No refunds or credits will be given for canceling within 14 days of my child's camp session.**
- ❖ **No refunds are given if a camper is dismissed from camp due to disciplinary action.**
- ❖ **No refunds are given if campers leave early due to homesickness or personal commitments.**
- ❖ Account balances are due no later than June 1, 2009.
- ❖ Children either dropped between 7am-8:30am and/or picked up between 3:30pm - 6:00pm are subject to a \$10 **extended care fee for each occurrence.**

Upon acceptance of registration, all participants will receive a Health Form that must be completed by June 1, 2009. Full-day campers will receive a Lunch Order Form (if they choose not to bring their own lunch). **Forms must be completed and forwarded to Seaton Hackney at least two weeks prior to chosen camp session inception.** Seaton Hackney Stables has my permission to use photographs taken of my child while at camp for promotional purposes.

We or I (Parents/Guardians) have read and agree to all the conditions of this registration.

Signature: _____ Print Name: _____ Date: _____/2009

☺ **IT'S YOUR STABLES, MORRIS COUNTY!** ☺

Seaton Hackney Stables
440 South Street, Morristown, NJ 07960
Phone: 973.644.3355 ❖ Fax: 973.644.3535 ❖ URL: www.seatonhackney.com

SEATON HACKNEY STABLES

2009 SUMMER CAMP SESSIONS

Camper's Name: _____

Age on June 1, 2009: _____

Please check the desired Session(s):

TWO-WEEK SESSIONS

- 1T: June 22nd-July 3rd
- 2T: July 6th-July 17th
- 3T: July 20th-July 31st
- 4T: August 3rd-August 14th
- 5T: August 17th-August 28th

ONE-WEEK SESSIONS

- 1W: June 15th-June 19th
- 2W: June 22nd-June 26th
- 3W: June 29th-July 3rd
- 4W: July 6th-July 10th
- 5W: July 13th-July 17th
- 6W: July 20th-July 24th
- 7W: July 27th-July 31st
- 8W: August 3rd-August 7th
- 9W: August 17th-August 21st
- 10W: August 24th-August 28th

SAMPLE SCHEDULE

8:45am-9:15am:	Campers arrive, horses are assigned
9:00am-9:30am:	Barn chores, grooming, tacking up
9:30am-10:30am:	Riding lesson or badge program
11:00am-12:00:	Trail ride or riding lesson
12:00-12:30pm:	Lunch (full day)
	Pick & Pamper (half-day)
2:30pm-2:00pm:	Lungeing session, riding lesson or swimming pool
2:00pm-3:00pm:	Swimming pool, pot luck or riding activity
3:00pm-3:30pm:	Pick & Pamper & cool down
	Campers dismissal

On Fridays, parents, friends & family are invited to cheer their children who perform in our weekly Gymkhana!

2009 RATES

Half-Day: 9:00am to 12:30pm

One-week session: \$390

Two-week session: \$750

Full-Day: 9:00am to 3:30pm

One-week session: \$590*

Two-week session: \$1095*

*Full day camper rate includes swimming at Ginty Pool. Either bring a lunch box or fill out Richie's Deli Form available in the office

- Sibling Discounts:** 10% off Applies to 2nd OR additional child(ren) enrolled in same session(s)
- Early Bird Discount:** 10% off for full payment received before March 15th, 2009
- Multiple Weeks Gift Certificate:** Children registered for 4 weeks or more will receive a \$200 Gift certificate valid from October 1st to until December 31st 2009 toward any activity offered at Seaton Hackney

Please Note: Discounts are cumulative. Check the boxes that apply. Our Office Personnel will make the adjustment to your payment

DISCOUNTS ARE VALID FOR REGISTRATIONS RECEIVED AND PAID FOR BEFORE JUNE 1, 2009

Early morning arrival (7am-8:30am) or late pick-up (3:30pm-6:00pm) is subject to a \$10 extended care fee per occurrence.

A \$100 non-refundable deposit PER SESSION / PER CHILD must accompany registration. BALANCE in full is due by June 1st. After this date, submitted registrations are not guaranteed availability and discounts will not apply. We accept Visa, Master Card, Discover & American Express. Checks or money orders should be made payable to: SHS. If mailing this form, please fill out information below.

PAYMENT INFORMATION

Payee's Name: _____ Name(s) of sibling(s) in same session: _____ Date: _____

1-Number of **2-week full day** (Tf) ____ @ \$1095 = \$ _____ Number of *2-week half-day*(Th) ____ @ \$750 = \$ _____

2-Number of **1-week full day** (Wf) ____ @ \$ 590 = \$ _____ Number of *1-week half-day*(Wh) ____ @ \$390 = \$ _____

3-TOTAL of lines 1 & 2: \$ _____

4-Amount of Early Bird Discount (10% off if paid in full by 3/15): \$ _____

5-10% Sibling Discount (if total is received by June 1st): \$ _____

6-TOTAL DUE (Line 3 minus lines 4 & 5) \$ _____

Deposit payment:

Credit Card #: _____

Exp Date _____ or **Cash** ___ or **Check Number:** _____

Amount of: \$ _____ Received on: _____

BY: _____ (Name of office person)

Balance payment:

Credit Card #: _____

Exp Date _____ or **Cash** ___ or **Check Number:** _____

Amount of: \$ _____ Received on: _____

BY: _____ (Name of office person)

Comments: _____

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