



SEATON HACKNEY STABLES 2012 SUMMER ADVANCED CAMP REGISTRATION

**for ages 11 yr & up & Level 4 & above. An Evaluation may be necessary to qualify
PEP, Beginner and Intermediate Riders fill out a separate application**

Seaton Hackney Stables / Equishare USA, LLC, 440 South Street, Morristown, NJ 07960

Phone: 973.644.3355 Voice: 908.797.3993 Fax: 973.644.3535

Website: www.seatonhackney.com email: Seatonh@verizon.net

**** Registrations can be completed in person in the office, faxed, E/SLOW- mailed. ONE FORM PER PARTICIPANT**

Camper's Name : _____ **Age at first day of Camp :** _____

Email address (get: Newsletter, Special Events, Coupons, etc...) Please print carefully! _____

Address _____ **City** _____ **State** _____ **Zip** _____

Day time Phone: () _____ **Home/evening phone:** () _____ **Cell Phone:** () _____

I am currently riding at SHS and my Troop Level is: 4A 4B 4C 5

If not riding in Troop, my riding level is: **Intermediate** **Advanced**

I am part of Seaton Hackney Mobile Show Team **Yes** **No**

CONTACT INFORMATION

Mother's Name: _____ **Work # ()** _____ **Cell # ()** _____

Father's Name: _____ **Work # ()** _____ **Cell # ()** _____

Emergency Name: _____ **Phone#()** _____

Health Insurance Carrier and Policy # _____

How did you hear about Seaton Hackney Equestrian 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 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 scheduled 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. In case of inclement weather, Seaton Hackney will substitute indoor activities of our choice to the Campers. Account balances are due by June 1st. Upon acceptance of registration, all participants will receive a Health Form and full-day campers a Lunch Order Form for Richie's Deli 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.

Office must be informed at least 24 hours in advance if you need extended care for your child.

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

Signature of Parent/Guardian: _____ **Print Name:** _____ **Date:** ____/____/____

Campers Name: _____
Campers Name: _____



2012 Camp Session

Please check your desired Session (s)

- Session A1: July 16th-27th (2 weeks, \$1550)** **Session A2: August 13th-24th (2 weeks, \$1550)**

ADVANCED CAMP HIGHLIGHTS

- Campers are assigned their own advanced horse
- Normal hours are 9am-3:30pm but hours may be extended in case of outings or field trips
- Riders will ride up to 3 times daily – Pool will be optional
- Riders will take their horses on weekly outings and go on a weekly field trip (4 outings per 2-week Session)
- Clinics and Special Events will be scheduled

A weekend Horse Show (or Friday Schooling Show if not available) will be included at no cost except outside entry fees!

ADDITIONAL INFORMATION & DISCOUNTS

- Early morning arrival (7am-8:30am) or late pick-up (3:30pm-6:30pm) are INCLUDED: Drop and Pick-up at your convenience but kids will be put to good use ☺!
- Optional Swimming at Ginty Pool is included at no additional cost
- Either bring a lunch box or lunch money
- Camp is Monday through Friday AND may include an optional weekend show per Session which will be determined before Camp starts; for that particular Show, Camp Participants will have their Barn/Transportation/Use of horse and Trainer's fees waived but will be responsible for their entry fees. (Waived for Friday Schooling Shows option at SHS)
- On outing days, Camp may extend beyond regular hours at no additional cost.

Discounts

- ✓ Use of privately owned horse or fully leased horse: \$100 off per week
- ✓ If you Equishare or Half Lease, your Camp time will not count as such and your Equishare or half lease will be extended accordingly.
- ✓ Siblings: 5% off applies to additional siblings enrolled in same session(s)
- ✓ Early Bird Booking: 10% off your total camp fees for full payment received before March 15th
- ✓ Also: Barn Bucks Incentive: This year, every Camper receives \$H\$50 to spend at SHS after Camp

Please Note: These discounts are cumulative.

A \$100 non-refundable deposit PER CHILD must accompany registration
BALANCE in full is due by June 1st or a \$25 administrative charge will be added.

Registrations submitted after June 1st are not guaranteed availability and discounts will not apply.

PAYMENT INFORMATION

Sessions –Check chosen Session

Please write amounts in boxes below

- Session A1: July 16th-27th (2 weeks, \$1550)** **Session A2: August 13th-24th (2 weeks, \$1550)**

For additional weeks, use Standard Registration Form and participant will join the A (advanced) Group

Discounts & Deposit: Check all that applies

- Less: A \$100 per week for this participants if horse is owned or fully leased \$ _____
 B 5% Siblings Discount: 5% off additional child: Discount for *this child*: \$ _____
 C 10% Early Bird Discount (if full payment is received by March 15th) \$ _____
 D \$100 deposit received on: _____ by: _____ (initials) \$ _____

Total \$ Deductions*:

*Total Deductions includes items A,B,C,& D

BALANCE DUE:

Balance payment: Cash or Credit Card #: _____ **Exp:** _____

Billing Zip Code or Check Number: _____

Session Fee

-\$

Balance Due (i.e. Session Fee less total \$ deductions)

Amount of: \$ _____ Received on: _____ BY: _____ (Initials of Office Person)

Comments: _____