

SEATON HACKNEY STABLES 2012 SUMMER CAMP

PEP CAMP REGISTRATION FORM

For Riders ages 5yr to 7yr old

Separate applications available for Regular Camp, Intermediate and Advanced Riders: Please use the correct one!

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 or SLOW-mailed or you can use the Electronic Registration feature on our website (additional \$5 cost). One form per Camper, please.**

Please Note!

All Camps include Early Drop-off (from 8am) and late pick-up (to 6pm)

- If your child is between 5yr and 7yr, use the *Half Day PEP Camp Registration form*
- If your child is 8yr & above and evaluated below Level 3, use the *Standard Registration form*
- If your child is evaluated between Level 3 & 4 (Canters & jumps cross-bars): use the *Intermediate Camp form*
- If your child is Level 4 and above (Canters and jumps courses), use the *Advanced Camp form*

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: : 1 2 3 4 5 6 6+

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

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 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 or miss one or more days due to homesickness or personal commitments. In case of inclement weather, Seaton Hackney will substitute indoor activities of our choice for 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, non-perishable 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 (Parent/Guardian) have read and agree to all the conditions of this registration.

Signature of parent/guardian: _____ Print Name: _____ Date: ____/____/____ .../page 2/...

2012 Camp Sessions

Campers Name: _____

Please check your desired weeks. Crossed weeks are NOT available for PEP Camp

- 1: ~~June 18th-22nd~~ 2: June 25th-June 29th 3: ~~July 2nd-6th(short)~~ 4: July 9th-13th 5: July 16th-20th
- 6: July 23rd-27th 7: July 30th-August 3rd 8: ~~August 6th-10th~~ 9: August 13th-17th 10: August 20th-24th
- 11: August 27th-31th 12: September 3rd-7th

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

SAMPLE SCHEDULE

8:45am-9:15am: Campers arrive, horses/ponies assigned
 9:30am-10:00am: Barn Management session or games
 11:00am-12noon: Mini Trail ride, Lungeing or Equisthenics

9:00am-9:30am: Barn chores, grooming, tacking up
 10:00am-11:00am: Riding lesson or Badge
 12noon-12:30pm: Pick & Pamper & Dismissal

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

INFORMATION, RATES & DISCOUNTS

HALF-DAY & PEP CAMP (9AM-12:30PM) is \$395

Discounts for: Siblings, Multiple Weeks, Early Bird (till March 15th) and Barn Bucks.

DISCOUNTS

- ✓ **Multiple Weeks: 5% off** applies to total bill when 2 or more sessions are part of **initial** booking
- ✓ **Siblings: 5% off** applies to each *additional child (sibling)* enrolled in *same session(s)*
- ✓ **Early Bird Booking: 5% off** your total camp fees for **full payment received before March 15th**
- ✓ **Also: Barn Bucks Incentive: This year, every Camper receives \$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 apply.**

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

-----PAYMENT INFORMATION-----

Sessions -circle PEP week number(s): 2 5 6 7 9 10 12

1-# of half-day weeks ____ @ \$395=\$_____

TOTAL:

DISCOUNTS/DEPOSIT

Less:

- A Multiple Weeks 5% off 2nd and additional weeks \$ _____
- B Siblings Discount: 5% off 2nd and additional siblings \$ _____
- C Early Bird Booking: 10% off (IF full payment received by March 15th) \$ _____
- D \$100 deposit received on: _____ by: _____ (initials) \$ _____

Total \$ Deductions: _____

-\$

Total Deductions includes items A,B,C & D

Balance payment:

Cash Check or Credit Card #: _____ Exp: _____ Balance: _____

Billing Zip Code: _____ **or Check Number:** _____

Amount of: \$ _____ Received on: _____ BY: _____ (Signature of office person)

Comments: _____

*Balance Due
(minus
deductions)*