



SEATON HACKNEY STABLES **SUMMER 2017** EQUESTRIAN CAMP REGISTRATION FORM



- For riders ages 5 to 17 years old, **ANY LEVEL**
- includes PEP (5-7yr) Standard, Intermediate & Advanced
- Separate groups: Beginner, Intermediate and Advanced Riders
- Half-day and Full-Day, before & after care option

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

Phone: 973.644.3355 Fax: 973.644.3535 Website: www.seatonhackney.com email: Seatonh@verizon.net

Registrations can be completed in person in the office, faxed, emailed or SLOW-mailed. One form per camper, please.

CAMP HOURS & OPTIONS:

Regular camp hours: Half-Day 9:00am-12:30pm, Full-Day 9:00am-3:30pm
Early Drop-off (from 8am) or late pick-up (to 6pm) available \$5 per occurrence

- Choose *PEP* if your child is 5-7 years old,
- Choose *Regular* if your child is 8-17 years old
- Choose *Intermediate* if rider is at SHS Level 3A or above (canters, jumps cross rails)
- Choose *Advanced* if rider is at SHS Level 4A or above (canters, jumps courses regularly)

Groups will be formed according to age and experience

Participants interested in Intermediate or Advanced camp and are not regular riders at SHS should schedule an evaluation lesson in the office before registering.



Camper's First and Last Name : _____ **Age on first day of Camp :** _____

Email address PLEASE PRINT CAREFULLY! _____ @ _____

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

Day time Phone: () _____ **Home/Evening phone:** () _____

Cell Phone: () _____ **Emergency Phone:** () _____

I am currently riding at SHS and my Troop Level is: PEP 1 2 3 4 5 6

If NOT riding at SHS: IF **NOT** A BEGINNER, **PLEASE CALL TO SET UP AN EVALUATION LESSON.**

Note: Evaluation Lesson: Always a good idea before investing in Horseback Riding Camp!

CONTACT INFORMATION

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

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

Emergency Contact Name: _____ **Cell # ()** _____ **Work # ()** _____

Health Insurance Carrier and Policy # _____

How did you hear about Seaton Hackney Equestrian Camp? _____

Is your camper attending with friends they want to be grouped with? (Request must be on both campers' forms)

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

I hereby give permission to Seaton Hackney Summer Equestrian Camp staff to transport the child named above off 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 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 all 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 a camper leaves early or misses days due to homesickness or personal commitments. In case of inclement weather, Seaton Hackney will substitute indoor activities of our choice for 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. Seaton Hackney Stables has my permission to use photographs taken of my child while at camp for promotional purposes. SHS reserves the right to make changes to schedules or child's riding group. We or I (Parent/Guardian) have read and agree to all the conditions of this registration.

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

Camper's Name: _____

Please check your desired session(s)

- 1: June 19th to 23th 2: June 26th to 30th 3: July 3rd to 7th (No Camp on July 4th) 4: July 10th to 14th 5: July 17th to 21st
- 6: July 24th to 28th 7: July 31st to August 4th 8: August 7th to 11th 9: August 14th to 18th
- 10: August 21st to 25th 11: August 28th to September 1st 12: September 4th to 8th

Half Day is 9:00am to 12:30pm Full Day is 9:00am to 3:30pm Early drop off after 8am and late pick-up before 7pm: we'll put them to work and charge YOU \$5!



SAMPLE SCHEDULE

8:45am-9:15am: Campers arrive, horses assigned
 9:30am-11:00am: Riding lesson
 12noon-12:30pm: Lunch break (Full Day) / Anatomy Badge & Dismissal (Half Day)
 2:00pm-3:00pm: Pot Luck Equestrian Activity

9:00am-9:30am: Barn chores, grooming, tacking up
 11:00am-12noon: Trail ride, Vaulting, lunging or Equisthenics
 12:30pm-2:00pm: Riding Lesson, swimming pool or lunging
 3:00pm-3:30pm: Basic Breeds Badge / Campers dismissal

Fridays 10:30am-12:30pm: friends & family are invited to cheer on campers during our weekly Gymkhana!

INFORMATION ON RATES & DISCOUNTS

HALF-DAY REGULAR & PEP CAMPS (9AM-12:30PM) is \$425 FULL-DAY REGULAR & PEP CAMPS (9AM-3:30PM) is \$695

- > Swimming hour at Ginty Pool is included for Full Day Campers at no additional charge
- > Full day Campers should either bring a lunch box, lunch money, or fill out Richie's Deli Form in the office or on our website

FULL-DAY (ONLY) INTERMEDIATE & ADVANCED CAMPS: \$750 ONLY AVAILABLE DURING WEEKS 4,5,6,7,8 & 9*

INTERMEDIATE & ADVANCED CAMP HIGHLIGHTS

- Campers are assigned their own advanced horse.
- Normal hours are 9am-3:30pm, but hours may be extended due to outings or field trips.
- *Weekly Field Trip with their horses (i.e. Clinics, Cross Country, or a Horse Show), participation included with no trainers, horse rental, or trailering fees

DISCOUNTS 😊!

- ✓ Multiple Weeks/4th July Week discount: \$50 off Half-day and \$100 off Full-Day Multiple Weeks discounts apply only to second and subsequent week(s)
- ✓ Sibling Discount: 10% off applies to each additional child (brother or sister) enrolled in same session(s)
- ✓ Early Bird Discount: 10% off your total camp fees for full payment received before March 15th

Please Note: These discounts are cumulative 😊 Use your Flexible Spending Plan!

A \$100 non-refundable/non-transferable 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 no longer apply

PAYMENT INFORMATION

Sessions: circle week number(s)*: 1 2 3 4 5 6 7 8 9 10 11 12

*NOT the number of weeks, please!

1- Number of full day weeks (Regular or PEP) _____ @ \$695 = \$ _____ &/or
 2- Number of half day weeks (Regular or PEP) _____ @ \$425 = \$ _____ &/or
 3- Number of full day weeks (Intermediate or Advanced) _____ @ \$750 = \$ _____

TOTAL: \$ _____

Add items
1+2+3
BOX 1

Less Applicable Discounts

A- \$100 deposit received on: _____ by: _____ (initials) = \$ _____

Do not deduct deposit if NOT prepaid prior to paying the balance today!

B- MULTIPLE WEEKS Discount 2nd and additional weeks (\$50 1/2 day, \$100/Full-Day) = \$ _____

C- JULY 4th week Discount: (\$50 1/2 day, \$100/Full-Day) = \$ _____

D- EARLY BIRD DISCOUNT: 10% off Box 1 if paid in full before March 15th = \$ _____

E- SIBLINGS Discount: 10% off OF additional siblings* in same week(s) = \$ _____

MINUS: -\$ _____

Add items
A-B-C-D & E
BOX 2

*This form must be the form for the **additional sibling** to write the discount.

*Total Deductions includes applicable items A, B, C, D & E _____ (*write total in Box 2 above)

Balance payment (By Office Person Only):

Cash Check Credit Card #: _____

Exp Date: _____ Billing Zip Code: _____ or Check Number: _____
 Amount of: \$ _____ Received on: _____ BY: _____
 Office person initials

Balance Due: \$ _____

(Box 1 minus Box 2)
BOX 3

Comments:

PAID STAMP + date: