

SEATON HACKNEY STABLES SUMMER 2020 MINI-CAMPS REGISTRATION FORM

Seaton Hackney Stables, 440 South Street, Morristown, NJ 07960
 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.



- For riders ages 5 to 17 years old,
- includes PEP (5-7yr) Standard,
- Separate groups: Beginner, Intermediate and Advanced Riders
- AM (9am-1pm) and PM (1:30pm-5:30pm) or Full Day sessions
- For FULL Day: ADD a PM session @ a \$150 discount (i.e. \$345)

One form per camper, per week please. USE YOUR FLEX ACCOUNT!

Camper's First and Last Name : _____ **Age on 1st day of Camp:** _____

Email address* PLEASE PRINT CAREFULLY! _____ @ _____

*for confirmations, newsletter, special events, discounts:

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 at SHS: **IF NOT A BEGINNER:** An Evaluation lesson must be scheduled at least one week before camp.

CONTACT INFORMATION

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

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

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

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:** ____/____/____

WHAT ARE OUR MINI-CAMPS?

Each Mini-Camp is limited to 5-6 riders each with its own separate "home base" and dedicated staff members. We hold several mini camps simultaneously, based out of separate sheltered areas so as to prevent larger groups from interacting. These groups will be formed according to such factors as age, experience if any, siblings and friends, etc...

Social distancing is emphasized. A bandana or a mask will be required for ground activities but can be lowered once on the horse. Gloves are suggested. Children may bring non-perishable snacks and drinks which will be kept in their respective sheltered areas.

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Page /2/ Camper's Name: _____

2020 Mini-Camp Sessions

*check your desired weekly sessions. IF **FULL DAY CHECK BOTH AM AND PM OPTIONS***

- 1: June 1 - 5 AM PM
 2: June 8 - 12 AM PM
 3: June 15 - 19 AM PM
 4: June 22-26 AM PM
 5: June 29-July 3 AM PM
 6: July 6 - 10 AM PM
 7: July 13 - 17 AM PM
 8: July 20 - 24 AM PM
 9: July 27 - 31 AM PM
 10: Aug 3 - 7 AM PM
 11: Aug 10 - 14 AM PM
 12: Aug 17-Aug 21 AM PM
 13: August 24- August 29 AM PM
 14: Aug 31-Sept 4 AM PM
 15: Sept 7-11 AM PM

Morning Camp is 9:00am to 1:00pm Afternoon Camp is 1:30pm to 5:30pm Full day is available Early drop off after 8am and late pick-up before 7pm: we'll put them to work!

RATES

AM or PM Modules: \$495 AM plus PM Modules: \$840

Current registered campers will not be subjected to a rate change.

ARRIVALS AND DISMISSAL TIMES

8:45am - 8:55am: AM arrival 1:15pm-1:25pm: PM arrival 12:45pm-1pm: AM Dismissal 5:15pm-5:30pm: PM

PAYMENT INFORMATION:

Received from customer

 *

Cash Check Credit Card #: _____ **Exp:** _____

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

Amount of: \$ _____ **Received on:** _____ **BY:** _____ **PAID STAMP**
Office person initials **WHEN FULL BALANCE IS PAID**

Comments: _____

*** NOTE TO CUSTOMER: If this payment covers additional week: Please write below which additional week(s) it covers:**

*** NOTE TO OFFICE PERSON: If this payment covers additional week, please write on each additional form that it has been paid and when and initial here: _____**

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