

SEATON HACKNEY STABLES SUMMER 2021 EQUESTRIAN CAMP REGISTRATION FORM



- For riders ages 5 to 17 years old, Includes PEP (5-7yr)
- Separate groups for PEP, Beginner, Intermediate and Advanced Riders
- Half-day (Mornings OR Afternoons) and Full-Day
- COVID-compliance Precautions and Social Distancing observed

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, emailed - One form per camper, please.

CAMP HOURS & OPTIONS:

Full Day: 9am to 4:30pm Half-Day 9:00am to 12:30pm or 1:00pm to 4:30pm
 Early Drop-off (from 8am) or late pick-up (to 6pm) available \$5 per occurrence

Choose **PEP Camp** if your child is 5-7 years old Choose **Regular Camp** if your child is 8-17 years old

- Choose **Intermediate** if rider is at SHS Level 2B or above (some Canter/X rails)
 - Choose **Advanced** if rider is at SHS Level 3A or IEA (canters, jumps courses regularly)
- Groups will be formed according to age and experience

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

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**, PLEASE CALL TO SET UP AN EVALUATION LESSON

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)

Please check your desired weekly sessions and circle **both** AM/PM for full day or **either** AM or PM for ½ day

- 1: June 21st-25th AM / PM 2: June 28th-July 2nd AM / PM 3: July 5th-9th AM / PM
- 4: July 12th-16th AM / PM 5: July 19th-23rd AM / PM 6: July 26th-30th AM / PM
- 5: July 19th-23rd AM / PM 6: July 26th-30th AM / PM 7: August 2nd-6th AM / PM
- 8: August 9th-13th AM / PM 9: August 16th-20th AM / PM 10: August 23rd-27th AM / PM
- 11: August 30th -September 3rd AM / PM

Half Day is AM: 9:00am to 12:30pm or PM: 1pm-4:30pm - Full Day is 9:00am to 4:30pm - Early drop off after 8am and late pick-up before 6 pm: we'll put them to work!

SAMPLE SCHEDULE

- | | |
|--|---|
| 8:45am-9:15am: Campers arrive, horses assigned | 9:00am-9:30am: Barn chores, grooming, tacking up |
| 9:30am-11:00am: Riding lesson | 11:00am-12noon: Trail ride, Vaulting, Lunging or Equisthenics |
| 12noon-12:30pm: Lunch break (Full Day) / Badge & AM Dismissal (AM ½ day) | 12:30pm-2:00pm: Riding Lesson, swimming pool or lunging |
| 2:00pm-3:00pm: Potluck Equestrian Activity | 3:00pm-4:00pm: Basic Breeds or other Badge |
| 4:00-4:30pm: Horse SPA | 4:30pm: PM Dismissal |

INFORMATION ON RATES & DISCOUNTS

HALF-DAY REGULAR & PEP CAMPS (9 AM-12:30 PM or 1 PM to 4:30 PM) is **\$495**.

FULL-DAY REGULAR & PEP CAMPS (9 AM-3:30 PM) is **\$825**.

FULL-DAY (ONLY) INTERMEDIATE & ADVANCED CAMPS: **\$875 ONLY AVAILABLE DURING WEEKS 4,5,8 & 9**

INTERMEDIATE & ADVANCED CAMP HIGHLIGHTS

- Campers are assigned their own advanced horse
 - Normal hours are 9am-4:30pm, 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
- IF OFFERED 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

DISCOUNTS

- ✓ **Multiple Weeks:** \$50 off Half-day and \$100 off Full-Day weeks - apply to second and subsequent week(s)
- ✓ **Sibling Discounts:** \$50 off applies to each *additional child (brother or sister)* enrolled in same session(s)
- ✓ **Early Bird Booking:** \$100 off your total camp fees for full payment received **before March 15th**

Please note total discounts per family capped at a maximum of \$300 ☺ Use your Flexible Spending Plan!

A \$100 non-refundable/non-transferable deposit PER CHILD must accompany Registration

PAYMENT INFORMATION

&/or **1- Number of full day weeks (Regular or PEP)** _____ @ \$825 = \$ _____

&/or **2- Number of half day weeks (Regular or PEP) AM? PM? (circle)** _____ @ \$495 = \$ _____

3- Number of full day weeks (Intermediate or Advanced) _____ @ \$875 = \$ _____

TOTAL: \$ _____
Add items 1+2+3

BOX 1

Less Discounts/Deposits/Deductions Maximum discount: \$300 per family

- A Multiple Week Discount \$50 for each 2nd and additional week: - \$ _____
- B Siblings Discount: \$50 additional siblings in same week(s) - \$ _____
- C Early Bird Discount: \$100 off total fees if paid in full by **March 15th** - \$ _____
- D \$100 deposit received on: _____ by: _____ (initials) - \$ _____

Total Deductions includes items A, B, C, D

BOX 2: deductions

\$ _____

Balance payment:

Cash Check Credit Card #: _____ Exp: _____

\$ _____

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

Balance Due
(Box 1 minus Box 2)

Amount of: \$ _____ **Received on:** _____ **BY:** _____

Office person initials _____

**PAID STAMP
WHEN FULL BALANCE IS PAID**

Comments: _____

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. **SEPARATE COVID-19 WAIVER MUST BE SIGNED IN THE OFFICE**

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