

SEATON HACKNEY STABLES SUMMER 2024 EQUESTRIAN CAMP REGISTRATION FORM

Seaton Hackney Stables / Equishare USA, LLC, 440 South Street, Morristown, NJ 07960
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Registrations can be completed in person in the office, emailed - One form per camper, please.

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
- Intermediate and Advanced Camps: Full Day only



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) @ \$10 per occurrence or Late Pick-up (up to 6pm) @ \$15 per occurrence

- Choose **PEP Camp** if your child is between 5 and 7 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 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.

We recommend ALL Camp participants new to Seaton Hackney to schedule an evaluation/introductory lesson!

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 +

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)

Yes Whom with? _____

Please check your desired weekly sessions and circle **FD for Full Day or AM or PM for 1/2 day**

- 1: June 17th-21st AM/ PM / FD 2: June 24th-28th AM / PM / FD 3: July 1st - 5th AM / PM / FD***
- 4: July 8th-12th AM / PM / FD 5: Jul 15th - 19th AM / PM / FD/ 6: Jul 22nd-26th AM / PM / FD/ **Adv**
- 7: Jul 29th - Aug 2nd AM / PM / FD / **Adv** 8: Aug 5th- 9th AM / PM / FD 9: Aug 12th - 16th AM / PM / FD/ **Int**
- 10: Aug 19th - 23rd AM / PM/ FD / **Int** 11: Aug 26th -30th AM / PM / FD/ **Int** 12: Sept 2nd -Sept 6th AM/ PM/ FD

* IN ADDITION TO REGULAR AND PEP CAMPS, WEEKS IN RED ALSO OFFER FULL DAY INTERMEDIATE & ADVANCED CAMP

*** Those missing July 4th will get a voucher for a free riding lesson

SAMPLE SCHEDULE

8:45am-9:15am: Campers arrive, horses assigned

9:30am-11:00am: Riding lessons / Badges

12:30pm-1:00pm: Lunch break (Full Day) / AM dismissal

2:00pm-3:45pm: Horse scavenger hunt / horse related games

3:45pm - 4:00pm: Horse SPA

9:00am-9:30am: Barn chores, grooming, tacking up

11:00am-12noon: Lungeing or Equisthenics

1:00pm-2:00pm: Trail Ride

3:00pm-3:45pm: Colors, Breeds, and Markings

4:30pm: PM/FD Dismissal

INFORMATION ON RATES & DISCOUNTS

HALF-DAY REGULAR & PEP CAMPS (9 AM-12:30 PM or 1 PM to 4:30 PM) is \$525.

FULL-DAY REGULAR & PEP CAMPS (9 AM-4:30 PM) is \$875.

INTERMEDIATE & ADVANCED CAMPS: \$975 ONLY AVAILABLE DURING WEEKS 6,7,9,10 and 11

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 trainer fees, horse rental, or trailering fees

**** 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 - PER WEEK 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

1- Number of half day weeks (Regular or PEP) AM? PM? (circle) _____ @ \$525 = \$ _____

2- Number of full day weeks (Regular or PEP) _____ @ \$875 = \$ _____

3- Number of full day weeks (Intermediate or Advanced) _____ @ \$975 = \$ _____

\$
 Add items 1+2+3

TOTAL: (BOX 1)

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

- A **Multiple Week Discount \$50 off ½ day / \$100 off FD weeks each 2nd and additional week:** -\$ _____
- B **Siblings Discount: \$50 off additional sibling(s) in same week(s)** -\$ _____
- C **Early Bird Discount: \$100 off total fees if paid in full by **March 15th**** -\$ _____
- D **\$H\$ Barn Bucks to be applied (25%) if any** -\$H\$ _____

Less Deposit payment, if applies

\$100 x Wks. _____ **deposit only received on:** _____ **by:** _____ (initials) -\$ _____

Balance Due by June 1st

Balance payment Cash Check # _____ Credit Card

CC#: _____ **Exp:** _____ **CVV:** _____ **Billing Zip Code:** _____

3.45% Credit Card Processing Fee

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

Office person initials

Comments: _____

\$
 BOX 2:

\$
 Balance Due
 (Box 1 minus, Box 2 -
 Deposit if forwarded
 previously)

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 WAIVER MUST BE SIGNED IN THE OFFICE**

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