BRIGHTON REC STABLES

SUMMER CAMP REGISTRATION 2014

Camper Name: _____

Parent/Contact Name: _____

Address: _____ **City:** _____

Phone: _____ **Email:** _____

Food/Insect Allergies: _____

Medications: _____

Camps Weeks Offered: Monday through Thursday 9 AM to Noon

- June 16 – 19
- July 21 – 24
- August 11 – 14 Includes Advanced Camp

Camp week first choice: _____ Second choice: _____

Cost: $250 per week. Non-refundable deposit of 50% required at registration: Each camper must provide his/her own helmet. Helmets must be **EQUESTRIAN** helmets, not bicycle helmets.

Check or credit cards accepted. Credit card can be called into the stable – 3% fee.

Phone: (810) 534-5063

Email: BrightonRecStables@yahoo.com

Website: www.BrightonRecRidingStable.com

Mail Registration Form and Release Forms to:

Brighton Rec Stables LLC
6660 Chilson Road
Howell, MI 48843

Camp Info Page

Camp Hours are 9 AM to Noon

Before and after care is available starting at 7:30 am and until 6 pm. Cost is $10 per hour and must be paid in advance.

Helmets

The stable can provide helmets for campers to wear but we recommend that you have your own helmet with your name in it.

What to Wear

Campers should wear long jeans or pants to ride in and riding boots. Bring a jacket with a hood.

Other Things You'll Need to Bring

- Thursday is the horse costume /decorating contest so bring things to dress up your horse.
- Sunscreen/Bug Spray

Cell phones, cameras and electronics

If campers choose to bring these items they do so at their own risk. We at the Brighton Rec Stable will not be responsible for lost or damaged items. These things fall out of pockets on the trails and are never seen again. Campers may keep their cell phone in their bag if they so choose. In the case of excessive or disruptive use of phones, staff at the Brighton Rec Stables will hold on to the phone until the end of camp.

Riding

Western Riding will be taught. Campers will get an arena lesson each morning and after a short break will go out on a trail ride for the remained of the morning. Campers will get to experience English riding some time during the week as well as trying out a little bareback while being led.

Two campers will be assigned a grooming horse to share for the week. That is the horse they will groom, saddle, feed and take care of. It may not be the same horse they ride. Some campers might ride the same horse every day and some might try different riding horses each day. The instructors will match the horse to the rider's ability.

Other horse activities during the week will be learning horse safety, how to groom, how to saddle, bathing and clipping a horse, cleaning tack.

Advanced Camp

For ages 12 to 15.

Advanced camp will run alongside regular camp. Advanced riders will have the opportunity to ride at a higher level. English riding will be offered to advanced campers if they choose. Campers may want to wear English riding breeches for this. Riders will have arena lessons as well as time on the trails.

Medical Treatment Authorization and Emergency Contact Numbers

Camper's Name_____
Mother's Name _____ Father's Name _____

Health Insurance Information

Policyholder's name and relation to participant _____
Policyholder's address _____
If you have HMO or PHP insurance please list emergency treatment authorization phone number
_____
Employer's name and address _____
Business phone _____
Subscriber's social security number _____
All policy numbers _____

Information Needed About Participant

Please check yes or no. If yes, explain below or on another sheet if you need more room.
__ Yes __ No Does the participant have any chronic health problem or illness? _____
_____
__ Yes __ No Does he or she have any acute illness now? _____
__ Yes __ No Has the person been treated recently for some medical problem?_____
List any medications he or she is now taking for treatment of any medical problem._____
_____
__ Yes __ No Does the participant have any allergies to medication or local anesthetics?
_____
__ Yes __ No Does he or she have any allergies? _____
Date of last tetanus shot _____

Official Authorization Follows

I,_____
(Parent or legal guardian)
Do hereby authorize Crooked Creek Farm, LLC to seek any medical or surgical treatment or both necessary for the care of my child. The above designated is hereby authorized to incur medical costs necessary to provide treatment for said child, for which I shall be fully responsible. I also authorize the medical facility to release any and all information required to complete insurance claims and also authorize insurance payment directly to the medical facility.
Parent/Guardian signature _____ Date_____
Address_____
Daytime phone_____ Evening phone_____

Emergency Contact during camp session, to whom child may be released, if necessary:
Name_____ Home# _____Work # _____
Relationship_____ Cell phone # _____

Name_____ Home# _____ Work # _____
Relationship _____ Cell phone # _____

Name _____ Home # _____ Work # _____
Relationship _____ Cell phone # _____