

BRIGHTON REC STABLES

SUMMER CAMP REGISTRATION 2019

Camper Name: _____ **Age:** _____
Parent/Contact Name: _____ **Gender:** M / F (circle one)
Address: _____ **City:** _____
Phone: _____ **Email:** _____
Food/Insect Allergies: _____
Medications: _____

Camps Weeks Offered: Monday through Thursday 9 AM to 2 PM.

Trailblazers Camp

Wrangler Camp

June 10 – 13

June 17 – 20

June 24 – 27

July 8 – 11

July 29 – Aug 1

August 12 – 15

Trailblazers Horse Camp Cost: \$285 per week. \$150 Deposit Required

Wrangler Camp Cost: \$210 per week. \$100 Deposit Required

Balance due Monday of camp, or you may pay in full at time of sign up

Check or credit cards accepted.

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 2 PM

Before and after care is available starting at 8 am and until 6 pm. Cost is \$5 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. Helmets must be EQUESTRIAN helmets, not bicycle helmets.

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
- Pack a Lunch and Drink

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 remainder 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.

Medical Treatment Authorization and Emergency Contact Numbers

Camper's Name & Age _____

Mother's Name _____ Father's Name _____

Health Insurance Information

Policyholder's name and relation to participant _____

Policyholder's address _____

Policy number _____

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 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 Brighton Rec Stables, 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 # _____