

Summer Horse Camp 2021



706-692-6322

Children ages 6 to 15

Select one or more camp sessions:

June 14 - 18

June 21 - 25

July 19 - 23

July 26 - 30



Hours: 8:30 am to 4:30 pm. Additional charge for early drop-off and/or late pick-up.

Focus: Kids spend the first half of the day learning how to care for, groom, tack and ride horses. Emphasis is on learning to ride or improving your riding skills. Other activities include arts and crafts, games and cooling off at the swimming pool.

Cost: Early Registration: \$400 for the week. \$725 for two weeks. Until April 15th

Usual Registration: \$420 for the week. \$745 for two weeks. Until May 15th

Late Registration: \$450 for the week. \$775 for two weeks. After May 15th

Deposit: \$100 (fully refundable until May 15th for June camps
until June 15th for July camps)

Balance Due: payment in full due two weeks before start of camp date

Refunds: for medical or extenuating circumstance, balance due will be fully refundable

Disclaimer: camps that do not meet a minimum participation level or for any other reason may be cancelled with an option to pick another camp date or be fully refunded.

Payments: make checks out to Bent Tree Stables, 2225 Tamarack Dr #20092, Jasper, GA 30143

(please keep this page for your information)

Summer Camp Information & Guidelines:

Things to wear / things to bring:

- Please wear long pants (jeans or riding pants; No sweat pants or spandex pants) Clothes must be able to get dirty (we will be washing horses)
- A comfortable T-shirt or collar shirt (no spaghetti straps or low cut shirts)
- Bathing suit and flip-flops, with optional change of clothes (clean and dry)
- Sunscreen & bug spray
- Closed toe shoes with non-slip soles: (boots with a heel; tennis shoes, etc.)
- A helmet if the rider owns one (MUST BE ASTM/SEI or we will supply one if needed)
- Daily bagged lunch (we have a refrigerator and bottled water)

Tipping:

Although tipping is not necessary, we acknowledge that some of the parents do like to tip the camp counselors in appreciation for any special care or attention given to their camp child. And the camp counselors do appreciate it as well.

If you feel like tipping the camp counselors, you may either (1) give an amount to the stable master for equal distribution to all of the counselors; or (2) you may earmark an amount for a particular counselor and give it directly to that counselor or to the stable master who will make sure he/she gets it.

In the past tips have ranged from between \$20 to \$100 for the camp week.

Summer Camp Registration:

Date(s): June 14 - 18 June 21 - 25 July 19 - 23 July 26 - 30

Child

First _____ Middle _____ Last _____ Male ___ Female ___

School Name _____ Grade _____ Birth Date ____/____/____ Age _____

Address _____

City _____ State _____ Zip code _____ Home Phone _____

Parent/Guardian - Contact Information # 1

First _____ Last _____ Relationship _____

Address _____

City _____ State _____ Zip code _____ Home Phone _____

Cell Phone _____ Work Phone _____ Email _____

Employer _____ Occupation _____

Parent/Guardian - Contact Information # 2

First _____ Last _____ Relationship _____

Address _____

City _____ State _____ Zip code _____ Home Phone _____

Cell Phone _____ Work Phone _____ Email _____

Employer _____ Occupation _____

Emergency Contact - Alternate Pickup/Release #1

First _____ Last _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Emergency Contact - Alternate Pickup/Release #2

First _____ Last _____ Relationship _____

Home Phone _____ Cell Phone _____ Work Phone _____

Medical Release Information:

The purpose of the information listed below is to insure that medical personnel have details of any medical problem which may interfere with or alter treatment.

Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? Yes ___ No ___ If yes, explain _____

Is your child allergic to any type of food or medication? Yes ___ No ___ If yes, explain _____

Please list any medical problems, including any requiring maintenance medication (e.g. Diabetic, Asthma, Seizures, etc.):

<u>Medical Problem</u>	<u>Required Treatment</u>	<u>Call paramedic?</u>
_____	_____	Yes / No
_____	_____	Yes / No
_____	_____	Yes / No

Insurance Information:

Policy Number _____ Health Insurance Provider _____

Primary Physician _____

Address _____

Phone _____ Hospital Preference _____

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's / Guardian's Initials _____

I understand that Bent Tree Community, Inc. and K-COMP Consulting, Inc. dba Bent tree Stables will not be responsible for any medical expenses that may incur, but that such expenses will be my responsibility as parent/guardian.

Parent's / Guardian's Initials _____

Additional Information:

Lunch and hydration:

I understand that I should provide my child with a bagged lunch every day and that my child will have approximately a thirty minute lunch that will be supervised. I also am aware that included within the tuition fee, my child will be provided an unlimited amount of bottled water, juice or gatorade; however, I understand that it is suggested that I send my child with a drink of their choice everyday.

Parent's / Guardian's Initials _____

How did you hear about the Bent Tree Stables Summer Camp:

Echo ___ Smoke Signals ___ Website ___ Flyers ___ Word of Mouth ___ Other _____

Terms of Agreement:

Photo Release:

I hereby give permission for my child to be photographed during the Bent Tree Stables Summer Camp. I understand the photos will be used to keep a journal of activities, to share during power point presentations and/or reports to our community members and for promotional purposes including flyers, brochures and on the Internet. I understand that although my child's photograph may be used for advertising, his or her identity will not be disclosed. I do not expect compensation and that all photos are the property of Bent Tree Stables and its affiliates.

Parent's / Guardian's Initials _____

Transportation Release:

I hereby give permission for my child to be transported to and from the Bent Tree Stables to the Bent Tree Aquatic Center or to the Lake Tamarack Beach during the Bent Tree Stables Summer Camp for the purpose of supervised swimming and recreation. Drivers will be either Bent Tree staff, Bent Tree Stables staff, camp counselors or a parent or guardian of a camper.

Parent's / Guardian's Initials _____

General Disclaimer:

The Bent Tree Community, Inc. / K-COMP Consulting, Inc. dba Bent Tree Stables and its co-organizers are not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless a child is unable to participate due to an accident or illness per physician orders. Children's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel (i.e. EMT, First Responder, and/or Physician).

Parent's / Guardian's Signature: _____ Date: _____

Printed Name of Parent's / Guardian: _____

Heat Index Disclaimer:

Please note that under the discretion of Bent Tree Stables and all our staff, when temperatures are above 90* F with a heat index of 20 (110* F), there will NOT be any riding taking place. This temperature cut-off, is to protect the campers and the horses from a potential medical emergency. The health & well being of all of those involved, is very important to us. Our staff has worked hard to come up with a contingency plan that will continue to teach campers the basics of horse care and horseback riding. The contingency plan will be put into place when the temperature rises above 90* F and/or if there is inclement weather such as rain or thunderstorms.

Parent's / Guardian's Initials _____

Completed Registration:

Please send your **signed completed registration** and **signed Waiver**, along with your **check** to:

Bent Tree Stables
2225 Tamarack Drive #20092
Jasper, GA 30143

Please make checks out to: **Bent Tree Stables**