



Horse Day Camp Summer 2009

June 7th thru September 3rd (12 sessions – limited openings)

Camp Hours: 9:00 am – 3:00 pm

Bella Oaks Horse Camp is just \$475 per week. Sessions must be paid in full at least two weeks prior to the session start date. There is a \$100 cancellation fee if you cancel within two weeks of the start date. There is no change fee as long as space is available in another session for your camper(s). Bella Oaks will be glad to change you to another available session if you are unable to attend the session you have reserved.

***Sessions are limited in number of participants and by age. Camp will be available from ages 4½ - 12 years old.**

- Session 1: June 7-11**
- Session 2: June 14-18**
- Session 3: June 21-25**
- Session 4: July 5-9**
- Session 5: July 12-16**
- Session 6: July 19-23**
- Session 7: July 26-30**
- Session 8: August 2-6**
- Session 9: August 9-13**
- Session 10: August 16-20**
- Session 11: August 23-27**
- Session 12: August 30 – Sept 3**

We will also be having Campout Nights for children ages 6-12 (call for details). Campout highlights include flashlight excursions, camp stories along with great food (hotdogs, pizza and a continental breakfast). Cost is \$60 per child.

Camper's name and session #:

Visa / M/C credit card #

Exp. Date

Cardholder's name

Cardholder's signature



Medical Information Form

(To Be Completed by Licensed Physician*)

Every Bella Oaks camper must have had a physical within the 18 months immediately preceding the start date of the camp session at Bella Oaks.

Date: _____

_____ (Camper's Name) was examined and found to be in good health and immunizations are current.

Date of last tetanus shot? _____

Any activity restrictions or limitations? _____

Allergies? _____

Is the applicant under Doctor's care for any condition? _____

Current treatment at time of report includes: _____

Medications? _____

Name, dosage, frequency etc. _____

Special instructions for camp counselors? _____

Is camper in good health and able to participate in all camp activities? Restrictions?

Any treatment(s) to continue at while at camp? _____

Any additional information that you, the examining physician, feel would be beneficial for Bella Oaks to know, for the care of the camper _____

Physician's Signature: _____ Date: _____

Physician's Printed Name: _____

Address: _____ Phone _____

*A standard physician's school or camp health card may be used in place of this form.



Registration Form

Camper's Name _____

Boy Girl Birthdate _____ Age _____ Grade in Fall '08 _____

Address _____

City & Zipcode _____

Parent Name _____

Work Phone _____ Alt Phone _____

E-Mail Address _____

Emergency Contact _____ Phone _____

Medications, special needs, special classes, under Doctor's care, anything about your child we should know _____

Is camper in good health and able to participate in all camp activities? Restrictions? _____

Allergies? _____

Additional Information

Indicate your child's riding experience, then sign below: **Beginner** (never ridden or only ridden once or twice); **Advanced Beginner** (has taken a few lessons); **Intermediate** (walk, trot, canter with control, has attended classes, training, or previous summer camps); **Advanced Intermediate** (knows leg control, change leads, understand horsemanship requests under an instructor). Please **choose one of these and sign below**.

Parent's Signature: _____ **Date:** _____

The following information is very important for Bella Oaks Stables, LLC Day Camp to have in case of an emergency. (Please print clearly)

| | |
|--------------------------|---------|
| Contact information: | |
| Parents /Guardian Name: | Phone # |
| Cell# | |
| Parents / Guardian Name: | Phone # |
| Cell# | |
| Emergency contact: | Phone # |
| Relationship: | |
| Emergency contact: | Phone # |
| Relationship: | |
| Emergency contact: | Phone # |
| Relationship: | |



Terms & Conditions

- 1) All participants will agree to abide by all Bella Oaks Stables, LLC day camp rules and regulations.
- 2) Directors may dismiss a participant from Bella Oaks Stables, LLC at any time.
- 3) Bella Oaks Stables, LLC is **NOT responsible for any lost articles of clothing or campers' personal articles. All items brought to camp must be marked with names.**
- 4) Bella Oaks may use photos/video of participants for promotion.
- 5) EMERGENCY RELEASE FORMS: If a participant is a minor, the parent/guardian agrees that in case of an emergency at Bella Oaks Stables, LLC involving their child, if they are unable to be contacted, the parent /guardian gives permission for the staff personnel present to contact listed nor alternative doctor and permit what ever treatment is deemed necessary by the doctor for the emergency.
- 6) Due to limited space application and health cards need to be completed and returned 11 days prior to program date.
- 7) There are **NO** credits or refunds or adjustments made on missed days, canceled days or vacations days or if any Directors dismisses camper from camp! The fee is refundable up to two weeks prior to the start of the program less 10% (**June 7, 2010**). Our programs and adventures are outside which some are challenging. All camp activities contain certain inherent risks. Our purpose of this disclosure is not to alarm you but to inform you of the risks connected with the fun, adventure, animals and horses in our programs.
- 8) Assumption of risk and Hold Harmless Agreement - You as parent/guardian of your child/children are aware of the inherent risks of injury, death and property damage involved in camp activities including but not limited to horseback riding, vaulting, hiking, etc. You as parent /guardian shall indemnify, defend, and hold harmless Bella Oaks Stables, LLC.
- 9) Choice of law/arbitration of Disputes and Disagreements - All questions with respect to the construction of this agreement and the rights and liabilities of the parties shall be determined in accordance with the applicable provision of the laws of the state of Calif. Campers and parents accept binding arbitration as the method of resolving any disagreement between the camper, parent/guardian and the Bella Oaks Stables, LLC camp. Parents/guardian of camper agrees to submit any dispute to an arbitration firm selected by Bells Oaks Stables, LLC for resolution. The basis for resolution shall be this Participation Agreement, the Bella Oaks Registration Forms and material. Specifically written materials provided to the camper family and the applicable laws of the state of Calif. and the United States of America shall be the basis for arbitration of any dispute between parties.

Parent/Guardian Signature: _____

Printed Name: _____

Date Signed: _____



What (Not) To Bring to Camp

Please Bring:

- WATER BOTTLES
- LUNCH
- DRINKS FOR THE DAY
- SUNSCREEN
- RIDING BOOTS OR SHOES WITH AT LEAST ½" HEEL! THIS IS A MUST. NO SANDALS OR OPEN TOE SHOES
- ANY NECESSARY MEDICATIONS CLEARLY LABELED
- NO SWEAT PANTS--JEANS OR ENGLISH PANTS OK
- NAMES MARKED ON CLOTHING, LUNCHBOXES, AND HELMET ETC.
- SNACKS WILL BE SUPPLIED

Please DON'T Bring:

- NO GUM
- NO IPODS, GAMEBOYS, MP3 PLAYERS
- NO JEWELRY
- NO INAPPROPRIATE CLOTHING
- NO CURSING OR FOUL LANGUAGE

BELLA OAKS STABLES LLC IS A NON-DISCRIMINATORY PROGRAM; OUR STAFF DOES NOT POSSESS THE SPECIALIZED SKILLS NECESSARY TO EFFECTIVELY WORK WITH CHILDREN WITH SOME SPECIAL NEEDS, BEHAVIORAL PROBLEMS AND/OR CONDITIONS THAT WOULD AFFECT OTHERS. THE DECISION TO ACCEPT A CAMPER INTO A PROGRAM IS SOLELY THAT OF THE MANAGER/DIRECTOR OF THE PROGRAM BASED ON THREE PREREQUISITES: 1) THAT THE CAMPER WILL BENEFIT FROM THE PROGRAM AT BELLA OAKS STABLES, LLC; 2) THAT THE CAMPER WILL NOT DISTRACT FROM THE OTHER CAMPERS' EXPERIENCE; 3) THAT THE CAMPER WILL NOT REQUIRE AN INORDINATE AMOUNT OF THE COUNSELOR'S TIME AND SUPERVISION. PLEASE PROVIDE US WITH ANY INFORMATION TO MAKE THIS EXPERIENCE SUCCESSFUL FOR ALL THE CAMPERS. WE WANT PARENTS AND COUNSELORS TO WORK TOGETHER. NOT DISCLOSING A PROBLEM, CONDITION, BEHAVIORAL PROBLEM OR A SPECIAL NEED WILL BE GROUNDS FOR IMMEDIATE DISMISSAL OF THE CAMPER FROM BELLA OAKS STABLES LLC PROGRAM WITH NO REFUND.

PARENT SIGNATURE: _____