



**Horse Day Camp Summer 2011**

**June 13<sup>th</sup> thru September 2<sup>nd</sup> (10 sessions – limited openings)**

**Camp Hours: 9:00 am – 3:00 pm**

Enroll before May 30<sup>th</sup> and receive the Early Bird Price –\$450 per week. After May 30<sup>th</sup> the price increases to \$500 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 3½ - 15 years old.**

- Session 1: June 13-17
- Session 2: June 20-24
- Session 3: June 27 - July 1
- Session 4: July 11-15
- Session 5: July 18-22
- Session 6: July 25-29
- Session 7: August 1-5
- Session 8: August 8-12
- Session 9: August 15-19
- Session 10: August 29 – Sept 2

**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? \_\_\_\_\_

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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    Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade in Fall '10 \_\_\_\_\_

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 Stable 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%. 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 LEASE 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 SOLEY THAT OF THE MAMAGER/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 COUNCELOR'S TIME AND SUPERVISION. PLEASE PROVIDE US WITH ANY INFORMATION TO MAKE THIS EXPERIENCE SUCCESSFUL FOR ALL THE CAMPERS. WE WANT PARENTS AND COUNCELORS 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: \_\_\_\_\_**