

Please remember to save a copy for your records. Please Sign by hand.

Fax to (631) 692 - 9536. **THOMAS SCHOOL OF HORSEMANSHIP**

Our 60<sup>th</sup> Camp Season

Or mail to this address → 250 Round Swamp Rd. Melville, NY 11747

1952-2011

## Summer Day Camp Enrollment Application 2011

Family Last Name: <hr/>	Boy or Girl	Birthdate	Age- June 2011	Grade- Sept 2011	Ride Level (see abbrev below)	Choose session: Full 7 Weeks First 4 Weeks Last 3 Weeks Any 5 or 6 weeks	Please circle any missing weeks: 1- 6/29-7/1 2- 7/5-7/8 3-7/11-7/15 4-7/18-7/22 5-7/25-7/29 6-8/1-8/5 7-8/8-8/12 8-8/15-8/17	Early Starters (3 & 4 yr olds) 5 Full Days 3 Full Days 5 Half Days (Circle One)	T-Shirt Size
Child's Last Name if different: <hr/>									
Child(ren) First Names:									
1st-									
2nd-									
3rd-									

**RIDING LEVEL:** Beginner (B) - Individual Trot (WTI) - Group Trot (WTG)  
Beg. Canter (WT/C) - Group Canter (WTC) - Beg. Jump (WTC/J) -  
Jump Crossrail Courses - (JXC) Jump Courses-( JC \_\_\_\_\_) height

Size for 2 Free T-shirts : Youth: Y Sm Y Med YLg  
Adult sizes: A Sm A Med A Lg

Child's Home Address: \_\_\_\_\_  
STREET TOWN STATE ZIP

Father Full Name \_\_\_\_\_ Mother Full Name \_\_\_\_\_  
Father Home Phone \_\_\_\_\_ Mother Home Phone \_\_\_\_\_  
Father Business Phone: \_\_\_\_\_ Mother Business Phone \_\_\_\_\_  
Father Cell Phone: \_\_\_\_\_ Mother Cell Phone: \_\_\_\_\_  
Father Business/Employer \_\_\_\_\_ Mother Business/ Employer \_\_\_\_\_  
**Father's Email** \_\_\_\_\_ **Mother's Email** \_\_\_\_\_

Bill to: (if different): Name & Address \_\_\_\_\_  
Do you want a second set of mailings to go to this address? (Yes or No)

To be used only if we are unable to reach either parent:

**Emergency Contact: Name** \_\_\_\_\_ Relationship \_\_\_\_\_ Ph# \_\_\_\_\_

**Transportation requested: Circle one:** Door to Door Will provide own transportation Agree to meet bus at: \_\_\_\_\_

**Year began at TSH:** \_\_\_\_\_ **School attending** \_\_\_\_\_ **Camp attended 2010** \_\_\_\_\_

**Friends** you would like to be with this summer: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**Does your child receive any services in school (such as SEIT, SLP, OT, PT?):** \_\_\_\_\_

**Any behavioral or social concerns that we should be aware of:** \_\_\_\_\_

2011 Camp Tuition	For 3 & 4 yr olds	For 3 & 4 yr olds	For 5-8 year olds	For 9-15 yr olds	Discounts:		
	3 Full Days or 5 Half Days	5 Full Days					
<i>Camp Closed July 5<sup>th</sup> &amp; July 28<sup>th</sup></i>					Sibling (2 <sup>nd</sup> child)	Own Tran	Meet the Bus
<b>Full 7 Weeks</b> Wed-6/29/11-8/17/11	<b>\$3475</b>	<b>\$4750</b>	<b>\$5295</b>	<b>\$5495</b>	<b>\$200</b>	<b>\$400</b>	<b>\$200</b>
<b>First 4 Weeks</b> Wed 6/29/11-Tue 7/26/11	<b>\$2350</b>	<b>\$3025</b>	<b>\$3395</b>	<b>\$3560</b>	<b>\$200</b>	<b>\$200</b>	<b>\$100</b>
<b>Last 3 Weeks</b> Thu-7/28/11-Wed 8/17/11	<b>\$1825</b>	<b>\$2175</b>	<b>\$2545</b>	<b>\$2675</b>	<b>\$200</b>	<b>\$200</b>	<b>\$100</b>
Any 6 Weeks	\$3250	\$4395	\$4995	\$5175	<b>\$200</b>	<b>\$400</b>	<b>\$200</b>
Any 5 Weeks	\$2995	\$4085	\$4595	\$4795	<b>\$200</b>	<b>\$400</b>	<b>\$200</b>

**Pay in full by Feb 1<sup>st</sup> 2011 -see below.**

**PAYMENTS: DEPOSIT: \$300 PER CHILD WITH APPLICATION.** (\$200 Deposit and \$100 Processing fee).

**2<sup>ND</sup> PAYMENT OF: \$1000 due February 1<sup>st</sup>.** If application is received after Feb 1<sup>st</sup> both payments are required.

The balance of the tuition is due May 1<sup>st</sup>.

**Pay in full by Feb 1<sup>st</sup> DISCOUNT: \$200 for Full Session or \$100 for 4 weeks or 3 weeks.**

**Extra Costs:** Each child must have their own ASTM Riding Helmet and Riding Boots

**CIT Trip Fee:** Some of the outside trips will incur an extra fee. **Tipping:** Customary but not required.

**SIGNATURES OF BOTH PARENTS ARE REQUIRED ON THE BACK OF THE APPLICATION**

Office use: Deposit Date: _____	Deposit Amount: _____	Payment Method/ Number _____	Entered Date: _____	By: _____
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**PHOTO & WEB RELEASE:** We give our permission for Thomas School to use any photos of our child(ren) for any promotional materials. We give permission to give out our address or phone number for birthday parties and play dates.

*Thomas School reserves the right to cancel a child's registration due to behavior that is deemed inappropriate by the Director.*

**Please fill in: ACCIDENT/MEDICAL INSURANCE** WE AGREE THAT: Should emergency medical treatment be required, WE and/or my own accident/medical insurance company shall pay for all such incurred expenses.

My accident/medical insurance company is \_\_\_\_\_ and my policy number is \_\_\_\_\_.

**Refund Policy:** Deposits and any tuition paid will be refundable only until May 1<sup>st</sup>. The \$100 processing fee is NOT refundable. For any cancellation after May 1<sup>st</sup>, the deposits are non-refundable. Once camp has begun, your tuition is non-refundable, with the exception of a medical illness. In the event that your child is absent for more than 5 consecutive days due to medical reasons, a tuition refund will be made after the 5-day deductible period. A physician's note is required in order to receive a tuition refund. .

**Surcharge** may have to be added if gas prices increase dramatically.

**Heat issues:** \*If the weather is over 90, management reserves the right to cancel riding lessons. - An alternative activity will be substituted.

### **CAMP AND RIDING INSTRUCTION AGREEMENT AND LIABILITY RELEASE**

**THOMAS SCHOOL OF HORSMANSHIP SUMMER DAY CAMP, 250 Round Swamp Rd., Melville, NY**, hereinafter known as "THIS SCHOOL"

#### **PLEASE READ CAREFULLY BEFORE SIGNING**

**SERIOUS INJURY MAY RESULT FROM YOUR or YOUR CHILD'S PARTICIPATION IN THIS ACTIVITY.**

**THIS SCHOOL CANNOT GUARANTEE YOUR SAFETY.**

A. **REGISTRATION OF RIDERS AND AGREEMENT PURPOSE** In consideration of the payment of a fee and the signing of this agreement, We, the parents of the minors listed on the registration form on the opposite side, do hereby voluntarily request and agree to our children's participation in riding, at THIS SCHOOL, and that this STUDENT will either ride his/her own horse, or school horses provided by THIS SCHOOL for instructional purpose, today and on all future dates.

B. **AGREEMENT SCOPE AND TERRITORY AND DEFINITIONS:** This agreement shall be legally binding upon the registered STUDENT and the parents or legal guardians thereof if a minor, my heirs, estate, assigns, including all minor children, and personal representatives; and it shall be interpreted according to the laws of New York State and Suffolk County. Any disputes y the rider shall be litigated in, and venue shall be in Suffolk County. If any clause, phrase, or word is in conflict with state law, then that single part is null and void. The term "HORSE" herein shall refer to all equine species. The term "HORSEBACK RIDING" herein shall refer to riding or otherwise handling of horse, ponies, mules, or donkeys, whether from the ground or mounted. The terms "CAMPER" and/or "RIDER" shall herein refer to a person who rides a horse mounted or otherwise handles or comes near a horse from the ground. The term "I/WE" shall herein refer to the riding school student or parents of the registered student on the opposite side.

C. **ACTIVITY RISK CLASSIFICATION:** WE UNDERSTAND THAT: Horseback riding is classified as RUGGED ADVENTURE RECREATIONAL SPORT ACTIVITY, and that there are numerous obvious and non-obvious inherent risk always present in such activity despite all safety precautions. According to NEISS( National Electronic Injury Surveillance Systems of United States Consumer Products) horse activities rank approximately 64th among the activities of people relative to injuries that result in a stay at U.S. hospitals. Related injuries can be severe requiring more hospital days and resulting in more lasting residual effects than injuries in other activities.

D. **NATURE OF THIS SCHOOL'S HORSES:** I/WE UNDERSTAND THAT: THIS SCHOOL chooses its school horses for their calm dispositions and sound basic training as is required for use for use for STUDENT RIDERS, and THIS SCHOOL follows a rigid safety program. Yet, no riding horse is a completely safe horse. If a horse is frightened or provoked it may divert from its training and act according to its natural survival instincts which may include, but are not limited to: Stopping short; Changing directions or speed at will; Shifting its weight; Bucking, Rearing, Kicking, Biting, or Running from danger.

E. **RIDER RESPONSIBILITY:** WE UNDERSTAND THAT: Upon mounting a horse and taking up the reins the rider is in primary control of the horse. The rider's safety largely depends upon his/her ability to carry out simple instructions, and his/her ability to remain balanced aboard the moving animal.

F. **CONDITIONS OF NATURE AND INSPECTION OF PREMISES:** WE UNDERSTAND THAT: THIS SCHOOL is NOT responsible for total or partial acts, occurrences, or elements of nature that can scare a horse, cause it to fall, or react in some other unsafe way. SOME EXAMPLES ARE: Thunder, lightening, rain, wind, wild and domestic animals, insects, reptiles, which may walk, run, or fly near, or bite or sting a horse or person; and irregular footing on out-of-doors groomed or wild land which is subject to constant change in condition according to weather, temperature, and natural and man-made changes in landscape. WE have inspected THIS SCHOOL'S facilities and are satisfied that all premise conditions are reasonably safe for rider's intended purpose, usage, and presence upon THIS SCHOOL'S PREMISES.

G. **SADDLE GIRTHS/NATURAL LOOSENING** I / WE UNDERSTAND THAT: Saddle girths (saddle fasteners around horse's belly) may loosen during a ride. If a rider notices this he/she must alert the riding instructor as quickly as possible so action can be taken to avoid slippage of saddle and a potential fall from the animal.

H. **ASTM APPROVED PROTECTIVE HEADGEAR IS REQUIRED:** I/WE AGREE: to purchase protective headgear which meets or exceeds the quality standards of the SEI CERTIFIED ASTM STANDARD F 1163 Equestrian Helmet.

J. **LIABILITY RELEASE:** I/WE AGREE THAT: In consideration of THIS SCHOOL allowing myself or our child's participation in this these riding activities, under the terms set forth herein, I or WE, the parents, for ourselves and on behalf of our child(ren) and/or legal ward, heirs, administrators, personal representatives or assigns, do agree to hold harmless, release, and discharge THIS SCHOOL, its owners, agents, employees, officers, directors, representatives, assigns, members, owners of premises and trails, affiliated organizations, and Insurers, and others acting on its behalf(hereinafter, collectively referred to as "Associates"), of and from all claims, demands, causes of action and legal liability, whether the same be known or unknown, anticipated or unanticipated, due to THIS SCHOOL'S and/or ITS ASSOCIATES ordinary negligence; and I or WE, the parents, do further agree that except in the event of THIS SCHOOL'S gross negligence and willful and wanton misconduct, WE shall not bring any claims, demands, legal actions and causes of action, against THIS SCHOOL and ITS ASSOCIATES as stated above in this clause, for any economic and non-economic losses due to bodily injury, death, property damage, sustained by me and/or my minor child or legal ward in relation to the premises and operations of THIS SCHOOL, to include while riding, handling, or otherwise being near horses owned by or in the care, custody and control of THIS SCHOOL, or participating in any of the school activities, whether on or off the premises of THIS SCHOOL.

**Parents or Legal Guardians must sign below after reading this entire document:**

#### **SIGNER STATEMENT OF AWARENESS**

I/WE, THE UNDERSIGNED, HAVE READ AND DO UNDERSTAND THE FOREGOING AGREEMENT, WARNINGS, RELEASE AND ASSUMPTION OF RISK. WE FURTHER ATTEST THAT ALL FACTS RELATING THE CAMPER'S PHYSICAL CONDITION, EXPERIENCE, & AGE ARE TRUE AND ACCURATE.

\_\_\_\_\_  
SIGNATURE OF FATHER

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF MOTHER

\_\_\_\_\_  
DATE