



# 2017 Day Camp Application

Please send to:  
130 Sandy Beach Rd, Ellington CT 06029

Camper's First Name: \_\_\_\_\_ Camper's Last Name: \_\_\_\_\_  
Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Camper e-mail: \_\_\_\_\_

Age in summer: \_\_\_\_\_ Grade in fall: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Birth date: \_\_\_\_\_

**Parent 1 Info** . Relationship to camper: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(If different from camper's) (If different from camper's)

W Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

**Parent 2 Info** . Relationship to camper: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(If different from camper's) (If different from camper's)

W Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ e-mail: \_\_\_\_\_

In the event neither parent can be reached in an emergency, whom should we contact?

Name, relationship to camper, phone #s: \_\_\_\_\_

**Riding Day Camp Sessions:** 3-weeks = \$2335, 2-weeks = \$1570, 1-week = \$795 - Partial Sessions available

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ # Weeks: \_\_\_\_\_ Dates Attending: \_\_\_\_\_  
6/26-7/15 (18 days) 7/17-8/5 (18 days)

**Farm (non-riding) Day Camp Sessions:** 3-weeks = \$1600, 2-weeks = \$1160, 1-week = \$580 - Partial Sessions available

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ # Weeks: \_\_\_\_\_ Dates Attending: \_\_\_\_\_  
6/26-7/15 (18 days) 7/17-8/5 (18 days)

The registration fee is \$150 per week and is applied toward tuition. It is refundable prior to March 1, less a \$60 (Per session) office fee. The BALANCE of tuition is due by April 15. The balance (less registration fee) will be refunded in full up to 7 weeks prior to the beginning of registered sessions. At 7 weeks prior, 85% of the balance will be refunded; at 6 weeks, 70%; at 5 weeks, 55%; at 4 weeks, 40%; at 3 weeks, 25%. If the camper is excused by the camp physician while attending camp, the unused portion of the tuition, less the registration fee, will be applied to the following year's tuition. No refunds will be made in the case of homesickness or if the camper is dismissed for violating camp rules or safety policies.

In signing this application, it is understood that all of the above information is correct, that the camp reserves the right to refuse this application or to dismiss the child from camp, and that permission is given for the camper to participate in all riding, and other camp activities, including out of camp trips. The camp is also authorized to use photos, slides, video, and/or audio of the camper for promotional purposes.

Safety considerations are a priority at SJ Ranch/SJ Riding Camp. The undersigned understands that horseback riding and its affiliated activities, animal care, and traditional summer camp activities, can be dangerous, and agrees to hold SJ Ranch, Inc/SJ Riding Camp, and staff harmless in the case of an accident.

\_\_\_\_\_  
PARENT OR GUARDIAN'S SIGNATURE DATE

Upon becoming a camper at SJ Ranch/SJ Riding Camp, I agree to follow camp rules and safety policies. I also promise to do my best to make this a good experience for myself and for fellow campers.

\_\_\_\_\_  
CAMPER'S SIGNATURE DATE

Cabin mate request (optional) \_\_\_\_\_ Amount Enclosed: \_\_\_\_\_ Check #: \_\_\_\_\_

How did you hear about SJ? \_\_\_\_\_ Bunk Request: (Top/Bottom?) \_\_\_\_\_  
(For optional overnight)

# Release of Liability Agreement with SJ Ranch, Inc/SJ Riding Camp

As a participant, or parent/guardian of a participant, in the SJ Ranch, Inc/SJ Riding Camp program, I recognize that there are certain risks inherent in such equine activities as horseback riding, driving, training, horse care, being around or near horses and other animals, and the use of equipment associated with horseback riding, in traditional summer camp activities, and in outdoor community living.

The risks inherent in these equine and/or camp activities include, but are not limited to, those dangers presented by the propensity of any horse to run, stop suddenly, shy, kick, bite, buck, spook, stumble, rear, fall, step on, or behave in ways that may result in falls, injury, harm or death to persons around them. Horses are unpredictable and may react to such things as sounds, sudden movements, other horses, insects, or unfamiliar objects, persons, or animals. Also included, but not limited to, dangers related to archery, field games, hiking, water sports, teambuilding activities, and infectious diseases. Identified are some of the risks and dangers but the signer is not relying on SJ Ranch, Inc/Riding Camp to list all possible risks.

I fully understand and appreciate that SJ Ranch, Inc/SJ Riding Camp **does not** represent or warrant the quality, character, or behavior of any horse.

As consideration for being allowed, or for my minor child being allowed, to participate at SJ Ranch, Inc/SJ Riding Camp, I agree to assume the full risk of any injury, including death, for myself or my child that I or my child may sustain as a result of participating. I fully release and hold harmless SJ Ranch, Inc/SJ Riding Camp, its directors, officers, employees and volunteers, from any and all claims from injuries, damages, or loss which may accrue to me on account of my participation, or on account of my minor child's participation, in any and all activities at SJ Ranch, Inc/SJ Riding Camp.

I accept the responsibility for providing my own accident and medical insurance, and I accept financial responsibility for any medical expenses that my insurance does not cover.

This document cannot be modified, except in writing and signed by SJ Ranch, Inc/SJ Riding Camp and participant. This release is meant to be valid now and in the future whenever participant enters the property.

**I have read, fully understand, and agree to the terms of this Release of Liability Agreement:**

\_\_\_\_\_  
Participant's Name (please print)                      Participant's Signature                      Date

If participant is less than 18 years of age, a parent or legal guardian must also sign:

\_\_\_\_\_  
Parent/Guardian's Name (please print)                      Parent/Guardian's Signature                      Date

8/3/16

FOR CAMP USE ONLY & PLEASE DO NOT WRITE BELOW THIS LINE

\_\_\_\_ # Weeks @ \$ \_\_\_\_\_ Session \_\_\_\_\_ Deposit Received \$ \_\_\_\_\_ Ck # \_\_\_\_\_ Date \_\_\_\_\_ Bal Due \_\_\_\_\_

Confirmed \_\_\_\_\_ Source \_\_\_\_\_ Gift 1 \_\_\_\_\_ Gift 2 \_\_\_\_\_ Sent \_\_\_\_\_ Medical \_\_\_\_\_  
Spending Money \_\_\_\_\_ Lessons \_\_\_\_\_ Show'n Learn \_\_\_\_\_ C or W \_\_\_\_\_ Canteen \_\_\_\_\_  
Payments: