



SEATON HACKNEY STABLES / Equishare USA, LLC

SUMMER 2026 EQUESTRIAN CAMP

Registration Packet

440 South Street, Morristown, NJ 07960

Phone: 973.644.3355 Website: www.seatonhackney.com Email: Seatonhackneyinfo@gmail.com

Welcome!

Seaton Hackney Summer Equestrian Camp offers a fun, safe, and educational environment for riders of all levels. Campers develop riding skills, horsemanship knowledge, confidence, and lasting friendships.

Camp Schedule & Ages & Levels

Full Day: 9:00 AM – 4:30 PM


Half Day: 9:00 AM – 12:30 PM or 1:00 PM – 4:30 PM

PEP Camp: Ages 5–7. Introductory riding & horsemanship (All Weeks)

Regular Camp: Ages 8–17. All-around riding and stable skills (All Weeks)

Intermediate Camp: Ages 10-18. Canter confidently; working on jumping. (ONLY WEEKS 5+6)

Advanced Camp: Ages 12-18. Jump a full course (ONLY WEEKS 8 & 9)

 All new campers must complete an evaluation lesson before registering.

Week 1: June 15-19

Week 2: June 22-26

Week 3: June 29-July 3

Week 4: July 6-10

Week 5: July 13-17

Week 6: July 20-24

Week 7: July 27-31

Week 8: August 3 - 7

Week 9: August 10-14

Week 10: August 17 - 31

Week 11: August 24-28

Week 12: August 31-September 4

Tuition (Per Week)

Half Day (PEP / Regular): \$625

Full Day (PEP/ Regular): \$945

Intermediate/Advanced: \$1,045

Early Drop-Off (8:00 AM): \$10 per occurrence

Late Pick-Up (until 6:00 PM): \$15 per occurrence

 Full-day campers should bring lunch, lunch money, or arrange delivery.

Discounts (Maximum \$300 aggregate per family)

- **Multi-Week:** \$50 off half-day **per week** / \$100 off full-day **per week**

** NOTE: Applies ONLY to the 3rd week & beyond

- **Sibling:** \$50 off **each additional child** in the same session
- **Early Bird ½ Day:** \$50 off one week total tuition **when paid in full by March 15**
- **Early Bird Full Day:** \$100 off one week total tuition **when paid in full by March 15**

Registration & Payment Policies

- **Deposit:** \$180 per child, per week (non-refundable/non-transferable)
- **Balance Due:** June 1, 2026 (late payments incur a \$50 admin fee)

Registrations after June 1 are subject to availability and **all discounts are forfeited.**



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Camp Registration Checklist

- ☐ **Completed and signed registration form**
- ☐ **Completed liability waiver**
- ☐ **Completed Health Form**
- ☐ **Copy of Physical exam including vaccinations**
- ☐ **\$180 deposit per week per child**
- ☐ **Full balance due June 1st**
- ☐ **No discounts after June 1st**



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Camper(s) Information

Camper Name: _____ Age as of 6/1/26: _____

Address: _____

Phone: _____ Email: _____

Current Riding Level:

☐ New To Riding ☐ Ridden a Few Times ☐ Walk/Trot by Self ☐ Walk/Trot/Canter ☐ WTCX

Riding experience (lessons, discipline, shows, etc.): _____

Group Request (Must be on each camper's form): _____

Parent / Guardian Information

Parent / Guardian: _____ Cell: _____ Email: _____

Parent / Guardian: _____ Cell: _____ Email: _____

Health Insurance (Carrier & Policy #): _____

Allergies / Medical Concerns: _____

How did you hear about us? _____

Camp Weeks

Please circle the week # and ✓ AM, PM for ½ day or FD for Full Day Camp, and ✓ Riding Level for each week.

(P=PEP, R= Regular, I=Intermediate, A=Advanced)

Week #	Dates	Type			LEVEL				Week #	Dates	Type			LEVEL			
		AM	PM	FD	P	R	I	A			AM	PM	FD	P	R	I	A
1	June 15 - 19								7	July 27 - 31							
2	June 22 - 26								8	August 3 - 7							
3	June 29 - July 3								9	August 10 - 14							
4	July 6 - 10								10	August 17 - 21							
5	July 13 - 17								11	August 24 - 28							
6	July 20 - 24								12	August 31 - September 4							

***Note: Intermediate & Advanced Camp are FULL DAY ONLY**



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Photo Release

☐ I grant permission for photographs and/or video of my child taken during camp activities to be used for **educational or promotional purposes** without compensation.

Parent / Guardian Agreement

I understand that horseback riding, trail riding, and other equine activities involve **inherent risks**, including but not limited to falling; being kicked, bitten, or stepped on by a horse; tack or equipment failure; uneven or slippery footing; weather conditions; trail hazards; and the unpredictable behavior of horses and participants. I knowingly and voluntarily **assume all risks** associated with my child's participation in Seaton Hackney Stables Day Camp activities. I acknowledge that an **ASTM/SEI-approved riding helmet** must be worn at all times when mounted and that proper attire, including **long pants and appropriate footwear with a heel**, is required. Failure to follow safety rules or staff instructions, or unsafe or disruptive behavior, may result in **restricted participation or dismissal from camp without refund**. In consideration of my child being permitted to participate, I hereby **release, waive, discharge, and hold harmless** Seaton Hackney Stables, its owners, instructors, employees, volunteers, and agents from any and all claims arising from participation in camp activities, including trail rides, **except in cases of gross negligence or willful misconduct**, to the fullest extent permitted by New Jersey law, and I agree to **indemnify and defend** them against such claims. I certify that my child is physically and mentally able to participate and that all relevant medical information has been disclosed. In the event of an emergency, I authorize Seaton Hackney Stables staff to obtain **emergency medical treatment** for my child and accept financial responsibility for such care. **WARNING:** Under New Jersey law, an equine activity sponsor or equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities, pursuant to **N.J.S.A. 5:15-1 et seq.**

I have read and understood this agreement and signed it voluntarily.

Participant Name: _____ DOB: _____ Date: _____

Parent/Guardian (print): _____ Signature _____

Payment Summary

Type	# of Weeks	Cost	Subtotal
Regular or PEP ½ Day		\$625	
Regular or PEP Full Day		\$945	
Intermediate or Advanced Full Day		\$1045	
Discount(s)			
- Multi-Week ½ Day / Full Day (From 3rd week)	_____ x	- \$50 / \$100	_____
- Sibling(s) in same session	_____ x	- \$50	_____
- Early Bird ½ Day / Early Bird Full Day		- \$50 / \$100	_____
- \$H\$ Barn Bucks (25% max)		- \$_____	_____
Total			

Name on Card: _____ Card #: _____

Exp Date: _____ Security Code: _____ Billing Zip Code: _____

*Card # is deleted after payment has been processed. There is a 3.25% credit card fee.

Office Use Only

Date Deposit Received: _____ Amount: \$ _____ Type: _____ Staff Initials: _____

Date Balance Received: _____ Amount: \$ _____ Type: _____ Staff Initials: _____

Health Form Received: _____ Staff Initials: _____