



NEW CANAAN MOUNTED TROOP

22 Carter Street, New Canaan, CT 06840

Phone: (203) 966-0634 • Fax: (203) 966-8592 • www.newcanaanmountedtroop.org

2017 SUMMER CAMP INFORMATION and REGISTRATION

CAMP SESSIONS

NCMT offers 2 one-week and 3 two-week summer riding camp sessions or 8 one-week Equine Care sessions, all for children ages 7 through 13. Through expert instruction and fun activities in a closely supervised environment, your child will gain a great appreciation of horses. The **camp week runs Mondays through Thursdays** (with exceptions indicated below*). **Please note that session dates are subject to possible changes in the event of an extension of the school calendar.**

Session I (a) June 19 – June 22 (one week only)

Session I (b) June 26 – June 29 (one week only)

Session II July 3 – July 13

**The barn will be closed Tuesday, July 4th (holiday)—July 4th's camp day will be rescheduled to Friday, July 7th*

Session III July 17* – July 27

**The barn will be closed Wednesday, July 19th due to NCMT's Open Horse Show. July 19's camp day will be rescheduled to Friday, July 21st.*

Session IV July 31 – August 10

CAMP HOURS

The camp day runs **Mondays through Thursdays from 8:30am to 1:30 pm** (except as noted above). Campers should be dropped off and picked up in the parking lot in front of the main barn. Should your child need to leave early or arrive late, please notify the instructor or a counselor in advance.

OUR FACILITIES

NCMT lesson horses range from beginner to advanced levels. Riding lessons take place in the outdoor arena or the indoor ring. Camp activities and lectures are run in the indoor learning center or the outdoor picnic area.

CAMP STRUCTURE

Each camper is assigned a horse or pony appropriate for his or her level, which he or she will ride and care for each day under close supervision. The camp day is scheduled into time blocks during which campers are taught tasks related to horse care, stable management, equipment care, and general horsemanship. The daily schedule includes a **one-hour group riding lesson, an equine care lecture, barn chores, arts & crafts and a lunch/activity break** with free time for rest or play. NCMT's unique "hands-on" approach to horsemanship allows campers to build relationships with our horses as if they were their own and encourages responsibility, independence, and teamwork.

Sample of Camp Schedule:

8:30	<i>Arrive and check in</i>
8:30 - 9:00	<i>Groom & tack-up your horse/pony</i>
9:00 - 10:00	<i>1-hour riding lesson</i>
10:00 - 10:30	<i>Cool down, un-tack, bathe and graze your horse; clean and put away equipment.</i>
10:30 - 11:00	<i>Equine care lecture and/or demonstration</i>
11:00 - 12:00	<i>Arts and crafts activity</i>
12:00 - 12:30	<i>Lunch</i>
12:30 - 1:30	<i>Barn chore (example: sweep, clean and fill water buckets, horse laundry, etc.)</i>
1:30	<i>Dismissal and pick-up</i>

CAMP ACTIVITIES

In addition to riding, campers participate in several other activities, such as:

- **Equine Care Instruction:** NCMT instructors and camp counselors give short lectures, play educational horsemanship games, or give demonstrations on topics that include equine anatomy, first aid, safety, specialty equipment, bits, feeding and much more.
- **Arts, Crafts, and Other Fun Stuff:** We offer a variety of arts & crafts activities, including tie-dyed T-shirt making, jewelry making, picture frame painting, equine ornament design, etc. There may even be surprise **Theme Days**, so Halloween costumes could come in handy!
- **Horseless Horse Shows:** Campers also participate in a **horseless** horse show, competing for ribbons in a gymkhana-style format during each two-week session.

LUNCH POLICY

Each camper is responsible for bringing his/her own lunch on a daily basis in a cooler or thermal lunch container. Please remember to pack additional drinks on hot days. Water coolers are available in the riding and activity areas for all campers.

NOTE: *If your child has any food or other allergies, please note this information on the medical treatment form provided with enrollment materials.*

NECESSARY EQUIPMENT

Each camper needs to bring the following each day:

- Riding helmet with harness*
(ASTM-SEI approved helmets required)
- Sunscreen
- Paddock or tall riding boots
- Riding gloves are recommended
- Britches or jodhpurs
- Lunch/beverages

*Campers are not permitted to participate in riding activities if they have lost or forgotten their helmet.
Please be sure to clearly mark your child's name inside the helmet.

REGISTRATION AND CANCELLATION POLICY

Enrollment applications are held in order of arrival on a **first-come, first-served basis**.

Full tuition payment is due by May 1st for all sessions. There will be no tuition refund **unless cancellation occurs before May 1st**. We do not offer make-up sessions for missed lessons.

Registration fees and a completed application are due by April 19, 2017 for ALL Sessions.

Please return your enrollment application, emergency medical waiver, photo waiver and non-refundable registration fee to:

**New Canaan Mounted Troop
22 Carter Street
New Canaan, CT 06840
Re: Camp Registration
PH: (203) 966-0634
FAX: (203) 966-8592**

REGISTRATION FEES AND CAMP TUITION

In addition to session tuition, there is a per-family, non-refundable registration fee of \$100 to enroll children in any camp sessions.

This registration fee of \$100 must accompany your application with a check made payable to: New Canaan Mounted Troop before NCMT can reserve a spot for your child.

Registration Fee (per family)\$100.00

Tuition for Non-Members*\$475.00 per session I (a) or I (b)

Tuition for Non-Members*\$950.00 per session II through IV

***Non-Member: Families whose children are not currently enrolled in NCMT programs.**

APPLICATION FOR 2017 SUMMER CAMP ENROLLMENT

Date: _____ Camper's Name: _____

Child's Height: _____ Weight: _____ Age: _____ Date of Birth: _____

Address: _____

Mother's Name: _____ Mobile _____

Father's Name: _____ Mobile _____

Telephone: (day) _____ (eve) _____ (cell/other #) _____

Email: _____

Please enroll my child in the following session(s):

SESSION (a) – June 19- June 22 **SESSION I (b)** June 26 – June 30

SESSION II **SESSION III** **SESSION IV**
July 3 – July 14 July 17 – July 27 July 31 – August 10

Please indicate your child's **CURRENT** riding level (based on weekly riding experience until the start of camp).

- BEGINNER:** *Little or no previous riding experience. Students at this level may have had some previous riding experience, but may not know general horse handling or the basic commands.*
- BEGINNER 2:** *Rider must be able to walk independently in a group setting, balance at the walk standing up out of the saddle, and half seat at the walk. The rider can keep horse trotting for extended periods of time, and be able to determine diagonals; can tack up with assistance.*
- ADVANCED BEGINNER I:** *The rider is currently able to walk, trot, and canter independently in a group setting. Students need to be comfortable working around horses, should be grooming, haltering, leading a horse, tacking up with assistance, and have a basic knowledge of the saddle and bridle parts and general stable safety.*
- ADVANCED BEGINNER II:** *Currently able to walk and trot in a group setting, and to trot cross rails, the riders will begin to canter as a group. Riders should have a solid understanding of "diagonals" at the trot and have a preliminary understanding of leads at the canter. Student should be proficient at grooming.*
- INTERMEDIATE I:** *Rider must be confident cantering and able to jump a course of cross rails on a variety of horses. Should have a strong understanding of correct leads. Should be starting to flat without stirrups.*
- INTERMEDIATE II:** *With a solid knowledge of the Intermediate 1 Level, riders must be capable of performing simple changes of lead, and ride on the flat without stirrups. Riders should understand how to see a distance, and count "1, 2, 3" to the take-off spot, and canter a course of eight jumps, correcting leads and counting number of strides between jumps. Riders should be able to trot a jump without irons. Riders should know the correct pace for flat and for jumping and be able to effectively open and close the horse's stride length.*

Please remember to completely fill in the emergency medical treatment form and waiver and return both forms with your non-refundable registration fee. KINDLY INFORM THE OFFICE OF ANY MEDICAL CONDITION NCMT NEEDS TO BE AWARE OF. Campers will not be allowed to participate in the program without a signed waiver/release of liability.

AMOUNT ENCLOSED: _____ **CHECK #:** _____ (registration fee is still required when full tuition is paid in advance)

Date received: _____ Registration fee paid: _____ Total due: _____

Tuition paid: _____ Waiver complete: _____ Balance due: _____

A limited number of scholarships may be available for those who qualify (please contact the office for scholarship information).



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EMERGENCY MEDICAL TREATMENT PERMISSION

Name: _____ Age: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Parent or Adult Name & Work Tel #: _____

Emergency Contact Name & Tel #: _____
(Person(s) living outside the primary household)

Physician Name & Tel #: _____

Dentist/Orthodontist Name & Tel #: _____

Medical Insurance & Policy Number: _____

Known Allergies: _____

Special needs/conditions/disabilities: _____

Daily medication (if applicable, please describe): _____

Pertinent Medical History: _____

Special Instructions/Comments: _____

Previous Riding Experience: _____

Height: _____ Weight*: _____ Please note that riders over 180 lbs. cannot be accommodated.

THIS DOCUMENT AUTHORIZES THE STAFF OF *NEW CANAAN MOUNTED TROOP, INC.* TO SIGN FOR THE ADMITTANCE AND TREATMENT OF THE PERSON ABOVE AT AN EMERGENCY MEDICAL TREATMENT FACILITY, IN THE EVENT THE PARENT/GUARDIAN IS NOT AVAILABLE. ALL INFORMATION SUBMITTED WILL BE HELD STRICTLY CONFIDENTIAL. IF THERE IS A CHANGE IN THE ABOVE INFORMATION, PLEASE NOTIFY *NCMT* IMMEDIATELY.

Signature of Parent or Guardian

Date



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WARNING, INDEMNITY, HOLD HARMLESS & RELEASE OF LIABILITY

WARNING

Pursuant to Connecticut General Statutes §52-557p, a person engaged in recreational activities assumes the risk and responsibility for any injury to his or her person or property arising out of the hazards inherent in equestrian sports, unless the injury was caused by the negligence of the person providing the horse/pony or horses/ponies to the individual engaged in the equestrian activities, or the failure to guard or warn against a dangerous condition, use, structure or activity of the person providing the horse/pony and/or horses/ponies, or his or her agents and or employees.

ACKNOWLEDGEMENT

I, and/or on behalf of my child listed below, understand that there is an inherent risk in equestrian sports, including but not limited to the risk of serious physical injury, loss and/or death. However, I feel that the possible benefits for myself /my child /my ward are greater than the risk assumed. I, on behalf of myself /my child /my ward, fully assume all risks associated with equestrian sports, including Therapeutic Riding Programs, even if due to the NEGLIGENCE of New Canaan Mounted Troop, Inc. (hereinafter referred to as "NCMT"), and any of its instructors, Therapeutic Riding instructors, or guest instructors invited by NCMT, its Officers, Directors, Agents, Volunteers and/or Employees, including but not limited to variations in the indoor and outdoor ring conditions; man-made obstacles; collisions with object either inside or outside the riding rings including but not limited to jumps, hay bales, shrubbery, rocks, equipment, employees, participants, or other patrons and spectators on the property; lack of safety devices, or inadequate safety devices; lack of warning or inadequate warning; lack of instruction or inadequate instruction. I, on behalf of myself / my child / my ward, am responsible for immediately informing NCMT of any mental, physical or other condition, or change in condition, that may affect my child's ability to participate in equestrian sports, including Therapeutic Riding Programs.

_____ Signors' Initials

HORSES & PONIES

I, or on behalf of my child listed below, understand that horses and ponies, although tamed, trained and boarded at NCMT are in fact a “wild” animal, and may buck, shy, spook, kick, bite and/or react unexpectedly to the actions of other horses or ponies, riders, employees of NCMT, and environmental effects including but not limited to noise, wind, light/darkness, or any man-made or environmental anomaly beyond the control of NCMT, its instructors, guest instructors, Officers, Directors, Agents, Volunteers and or Employees.

INDEMNIFICATION

I, or on behalf of my child listed below, for myself and for my heirs, assigns, successors, executors, administrators and legal representatives, agree that I will defend, indemnify and hold harmless, NCMT and any of its instructors, Therapeutic Riding instructors, or guest instructors invited by NCMT, its Officers, Directors, Agents, Volunteers and/or Employees, free from any and all claims, suits or demands by anyone arising from my use of the facility, equipment and/or horses/ponies owned by, boarded at NCMT, or brought onto the property owned by NCMT, including claims of NEGLIGENCE on the part of NCMT and any of its instructors, Therapeutic Riding instructors, or guest instructors invited by NCMT, its Officers, Directors, Agents, Volunteers and/or Employees.

RELEASE

I, or on behalf of my child listed below, for myself and for my heirs, assigns, successors, executors, administrators and legal representatives, hereby release and agree that I will not sue NCMT and any of its instructors, Therapeutic Riding instructors, or guest instructors invited by NCMT, its Officers, Directors, Agents, Volunteers, and/or Employees, for money damages and/or for any injury, loss and/or death, emotional distress, or from theft to person, horse/pony or possession, sustained by me while using the facility, equipment and/or horses/ponies owned by, boarded at NCMT, or brought onto the property owned by NCMT, even if due to the NEGLIGENCE of NCMT and any of its instructors, Therapeutic Riding instructors, or guest instructors invited by NCMT, its Officers, Directors, Agents, Volunteers and/or Employees.

_____ Signors' Initials

**WARNING, INDEMNITY, HOLD HARMLESS &
RELEASE OF LIABILITY SIGNATURE PAGE**

I have read this WARNING, INDEMNITY, HOLD HARMLESS and RELEASE OF LIABILITY and fully understand its terms. I further understand that by signing this agreement that I may be waiving specific legal rights, either for myself or for my undersigned child on whose behalf I am signing this agreement. I have not been induced to sign this agreement and have not signed pursuant to any promise or representation which has not been attached hereto, if any. I sign said agreement voluntarily and of my own free will.

Signature of Participant or Parent/ Legal Guardian if under 18 years of age. Date

Printed Name of Participant or Parent/ Legal Guardian if under 18 years of age.

Participant Signature Date

Participant Printed Name



New Canaan Mounted Troop

A 501(c)(3) Not for Profit Organization

Building Leadership, Responsibility and Confidence Through Sound
Horsemanship Since 1939.

PHOTO/MEDIA RELEASE

I grant to New Canaan Mounted Troop, Inc., ("NCMT") its representatives and employees the right to take photographs or videos of my child/children or myself ("my family") in connection with my family's activities associated with NCMT. I authorize NCMT, its assigns and transferees to copyright, use and publish the same in print and/or electronically as part of its advertising, publicity, fundraising efforts or other uses. I understand that NCMT will not compensate my family for such use and hereby waive any right to inspect and approve the use to which it may be applied.

I indicate my family's consent or non-consent by initialing below:

_____ I agree that NCMT may use such photographs or videos of my family with or without my family's name and for any lawful purpose, including such purposes as publicity, illustration, advertising, and Web content, and without any compensation to my family.

_____ I do not permit NCMT to use such photographs or videos of my family for any purpose.

Signature _____
(Parent or guardian if under 18)

Printed name _____

Address _____

Date _____