

SUMMER 2024

256 S. MAPLE AVE, BASKING RIDGE, NJ

# SUMMER CAMP

AT

THE STABLE AT LORD STIRLING PARK

## Parent Handbook



Somerset County  
Park Commission



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# CONTACT INFO

Stable Office

Administrative Assistant

Jennifer Natanzon  
(908) 722-1200 ext. 5528  
[jnatanzon@scparks.org](mailto:jnatanzon@scparks.org)

Program Specialist

Charlotte Thompson  
(908) 722-1200 ext. 5529  
[cthompson@scparks.org](mailto:cthompson@scparks.org)

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## WEEKLY CAMP THEMES

### Pony Rides & Mini Hikes

Ages 6-8

Children will learn about horses, basic horse care, and pony grooming via games, crafts, and hands-on experience. The group will have the opportunity to hike with a miniature horse and go for pony rides. Three days will be focused on riding while the other two days will be focused on basic safety and ground handling.

### Intro. to Riding a Horse

Ages 9-12

Participants will have the opportunity to learn about horses, horse care, grooming/tacking, and the basics of riding a horse via games, crafts, and hands-on experience.

The group will have the opportunity to participate in introductory riding lessons and hike with a miniature horse. Three days will be focused on riding while the other two days will be focused on basic safety, ground handling and other outdoor activities.

### Trail Riding & Horse Care Workshop

Ages 13-18

Teens will have the opportunity to learn about horses, horse care, grooming/tacking, and the basics of riding via games, crafts, and hands-on experience. The group will have the opportunity to participate in introductory riding lessons, a trail ride, and a hike with a miniature horses. Three days will be focused on riding while the other two days will be focused on basic safety and ground handling.

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# PROGRAM INFORMATION

The Stable at Lord Stirling Park Summer Camp Programs are designed to promote a child's lasting curiosity and interest in the equine world. We offer hands-on learning opportunities for children accompanied by a series of teachings, activities, crafts, and games. Some activities require children to work independently in both small and large groups. Our days are carefully planned to meet these goals while at the same time creating a safe, educational, inspiring, and fun experience.

## Program Staff

The programs are facilitated by our Program Specialist as well as experienced staff members. Additional summer camp staff are selected for their enthusiasm, experience, knowledge, and ability to safely work with children in the outdoors.

Our staff is trained in emergency first aid, CPR, and the use of an epi-pen.

## Expectations of Program Participants

Camp programs are conducted outdoors and are experiential by design. Participants are expected to participate in age-appropriate activities and teachings. Participants must be able to traverse uneven terrain without assistance. Participants must also be able to self-manage bug spray and sunscreen application and snack/mealtime decisions.

All participants must follow established behavior expectations and safety rules.

**Please refer to our program eligibility requirements and behavioral expectations on pages 9 and 10 for further info.**



# BE PREPARED

Campers will be outside most of the time. It is important to dress in comfortable clothes that protect campers from the sun and bugs, but also keep them cool. Children **MUST** wear long pants if they want to ride the horses. Boots or sneakers that can get muddy are a **MUST!** No flip-flops, Crocs, or open-toed sandals.

Please apply sunscreen/bug spray prior to dropping your child off; staff is not allowed to assist in the application of these items.

## Required Attire

- Long pants (riding pants suggested)
- Layered clothing
- Boots or sneakers (riding boots suggested)
- **Note: Boots must have a 1 inch heel and smooth sole to be used for riding. The Stable can provide riding boots if needed.**
- ASTM Equestrian-certified helmet (Stable can provide a helmet if needed)



## Each day participants should pack a bag with:

- Bagged lunch and snack
- Water in a refillable water bottle
- Complete change of clothes and towel
- Bug spray and sun screen
- Any medical devices
- Hat for sun protection
- Raincoat if rain is forecasted (no umbrellas please)
- ASTM-certified equestrian helmet (can be provided by Stable)
- Riding boots with a smooth sole and 1-inch heel

## **Please label all personal items.**

We are not responsible for the loss, theft, or damage of personal items.

Daily activities will vary by group, day, and weather. Expect to do many of the following activities throughout the week:

- Pony grooming
- Horseback riding
- Outdoor activities (games, relays and scavenger hunts)
- Hiking
- Craft making
- Watch videos



# HEALTH INFORMATION

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## First Aid

In case of an emergency, we will attempt to contact parents or guardians first, using all the phone numbers provided. If we are unable to reach a parent/guardian, we will then call the emergency contact listed on your child's health form.

Staff is trained in emergency first aid, CPR, and the use of an epi-pen. If your child carries an epi-pen or other medication, please contact the Program Specialist to discuss your child's specific needs.

## Medication

Participants are responsible for their own medications. The staff must know what they take and when they are taking it to assist in monitoring their health and well-being. A doctor's note may be necessary.

## Illness

Please call the Stable office (M-F, 7am- 3:30pm) at 908-722-1200 Ext. 5528 to report an absence or illness. A doctor's note may be required to return to camp. Participants must be fever-free for 24 hours, without the use of fever reducing medications to return.

## Sunscreen & Bug Repellant

We do remind participants to reapply their sunscreen throughout the day. Participants must be able to apply their own sunscreen and bug repellant without additional assistance.

## Ticks

It is very important to do a thorough tick check at home each and every day!

For more information visit: [www.cdc.gov/ticks](http://www.cdc.gov/ticks)





# ATTENDANCE

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## Cancellations

- Full payment is due at the time of registration.
  - Cancellations will receive an 80% refund only if the position is filled by another child.
- A processing fee of 20% of the total amount paid for each canceled session will be retained. There will be no refund if the position is not filled.
  - The Somerset County Park Commission reserves the right to cancel or modify all programs. Refunds will be provided if programs are canceled by the Somerset County Park Commission.
  - A doctor's note must be provided within 5 days of illness in order to request a medical refund.

## Daily Attendance

Children must be personally signed in and out each day by a parent or guardian.

- If your child will be late or absent please call us at (908) 722-1200 Ext.5528
- If your child is ill prior to the start of the program day (fever, vomiting, and/or diarrhea) please keep them home. We do not have facilities for sick children. When your child has a fever, please keep them home until they are fever-free for 24 hours without fever reducing medication.

**Drop-off** begins at 8:45am for camp programs.

**Pick-up** is at 1pm for all programs.

Pick-up must be done by a parent, guardian, or approved substitute (refer to form on pg. 14). Drop-off/Pick-up occurs at the stable office. Park your car and walk from the parking lot to the main office to sign your child in/out.

- You will not be permitted to leave with your child unless they have been signed out.
- Please do not leave your child unattended on the grounds.

## Early Pick-Up

- Please let us know ahead of time or at drop-off unless it is an emergency. Pick-up will take place in the stable office.

## Different Person Pick-Up

You must complete the Different Person Pick-Up form whenever an individual other than a parent or legal guardian is picking up your child. This includes carpool drivers, nannies, siblings, aunts, uncles, grandparents, and friends of the family.

# FORMS



The following forms must be completed by a parent or guardian and returned to the stable two weeks prior to camp. Forms can be found in this parent handbook.

- Minor Waiver
- Health Form & Emergency Medical Information
- Different Person Pick-Up (only if someone other than parent/guardian will be picking up your child)
- Epinephrine Authorization (if applicable)

Please return all completed forms to the stable office, Monday-Friday, 7:30am-3pm, or email forms to Jennifer Natanzon at [jnatanzon@scparks.org](mailto:jnatanzon@scparks.org).





## Program Eligibility Requirements

### The Stable at Lord Stirling Park



Our goal is to provide educational and socialization opportunities to individuals with an interest in horseback riding and equine care. The Stable works to maintain a low ratio of participants to staff which enables each participant to learn in a safe, hands-on, immersive environment.

The eligibility requirements are designed to ensure a successful, positive experience for all program participants. Individuals who fail to meet the eligibility requirements should not register for the program. Enrolled participants who do not meet the eligibility requirements will be removed from the program with a forfeiture of fees paid. Participants must meet the following eligibility requirements (with or without reasonable modifications) to participate.

### Program Registration

- Participants must fall between the minimum and maximum age requirement at the start of the program session.
- Participants must register in advance. Spaces are filled on a first-come, first-served basis. If the program is full, participants will be added to the waitlist.
- Payment must be made at the time of registration.

### Attire

- Sneakers or boots. Must be closed-toe shoes. No flip-flops, sandals, or crocs. The Stable can provide riding boots if needed.
- Weather-appropriate attire.
- ASTM Equestrian-certified helmets must be worn for any activity involving the horses. The stable can provide a helmet if needed.
- Riding attire: Long pants and layered clothing.

*(Please refer to pg. 5 for details)*

### Personal Care

- Independently use the toilet, change clothes, eat, drink, and apply bug spray and sunscreen.
- Must be willing to wear a helmet.

*(Please refer to pg. 5 for details)*

### Required Competency Skills

- Ability to engage as a member of both small groups and large groups to complete challenges, activities & tasks.
- Ability to work independently and self-entertain during free play, bus trips, and van rides.
- Ability to follow multi-step directions that are age-appropriate to the specific program enrolled.
- Ability to traverse uneven terrain in an outdoor, potentially buggy environment, for an extended period, while maintaining the group pace.
- Ability to work successfully within the specific program's participant-to-staff ratio.
- Ability to communicate questions and basic needs to staff.
- Ability to sit quietly during instruction, share equipment and supplies, and participate in activities when appropriate.
- Ability to remain with staff on walks, field trips, and in group settings.
- Ability to transition between activities within a 5-minute window.
- Ability to follow all bus/vehicle safety rules and off-site rules when traveling for field trips.
- Ability to tolerate varying weather conditions.
- Ability to comply with Behavioral Expectations.

## **Behavioral Expectations**

- Arrive on time. Be picked up on time.
- Dress according to each day's weather and activities; be prepared for inclement weather as needed.
- Be respectful to staff, peers, equipment, and the surrounding environment. This includes keeping hands to oneself and sharing materials/supplies.
- Follow directions and rules as presented by staff.
- Keep cell phones and other electronic devices in backpacks or at home.
- Use appropriate language.
- No screaming or running around the barn.
- Attempt to participate in each activity before saying "can't" or "won't".
- Maintain a positive, safe environment by refraining from placing oneself, or others at risk. Bullying, hitting, and threats will not be tolerated.
- A participant with a Modification Plan is not exempt from following the Behavioral Expectations.

## **Behavioral Management**

The Stable at Lord Stirling Park staff will follow a three-tiered system of warnings designed to address any challenges that arise when a participant fails to meet the Behavioral Expectations.

*First offense* – gentle redirection from staff.

*Second offense* – discussion between the participant, staff, and a parent/guardian focusing on a commitment from all parties to re-establish positive behavior.

*Third offense* – discussion between the participant, staff, and a parent/guardian focusing on whether or not the participant may remain in the program.

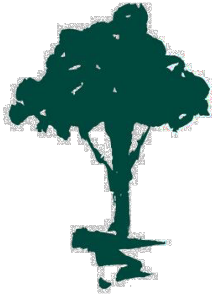
There is zero tolerance for verbal or physical bullying, hitting, threats, inappropriate touching, etc. Participants will be sent home and possibly expelled from the program. Police will be called if necessary. Program fees will not be refunded.

Staff may ask for advice or support from a parent/guardian when feeling challenged by a particular behavior. It is helpful when families share strategies that work well for the participant.

Staff welcomes discussions regarding concerns and/or potential behavioral challenges prior to the start of a program.

## **Reasonable Modifications**

The Stable at Lord Stirling Park welcomes everyone to participate in its programs. If you have individualized needs due to a disability, please call 908.722.1200 Ext.5324 and we will be happy to arrange reasonable modifications. Three weeks' notice is required to ensure that appropriate modifications can be provided for all general public programs. Six weeks' notice is required to ensure that appropriate modifications can be provided for all camp and off-site programs.



**Somerset County  
Park Commission**

Post Office Box 5327

North Branch, NJ 08876

Nancy D'Andrea  
President

Joseph Kempe  
Vice President

Mark Caliguire

William Foelsch

Michael Giordano

D.J. Hunsinger

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Kevin McCallen

Daniel J. Hayes Jr.  
Director

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Secretary

**HEADQUARTERS**

355 MILLTOWN ROAD

BRIDGEWATER, NJ

08807

TEL: 908.722.1200

FAX: 908.722.6592

www.somersetcountyparks.org



**SOMERSET COUNTY PARK COMMISSION  
RELEASE, WAIVER, AND PARTICIPATION AGREEMENT  
FOR MINORS/DEPENDENTS FOR EQUESTRIAN PROGRAMS**

- Assumption of Risk** – As the parent or guardian of the below-named minor or dependent, I accept and assume full responsibility for the decision for my child/dependent to participate in any and/or all equestrian programs of the Somerset County Park Commission. I acknowledge that participation by my minor or dependent in the activities listed above may entail known and unanticipated risks, which could result in physical injury, death, or property damage, and that equestrian operators are not liable for any injury to or death of a participant in equine animal activities, pursuant to P.L. 1997, c. 287 (N.J.S.A. 5:15-1 et. seq.). I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity. These risks may also include, but are not limited to, results of my minor's/dependent's own actions, inactions, and/or negligence, as well as the actions, inactions, and/or negligence of others, weather conditions, condition of equipment, condition of the facilities and grounds, natural disaster, national disaster, and any first aid emergency treatment which may be administered. There may also be other risks that are not foreseeable at this time.
- Release** – As part of the consideration for my minor/dependent participating in any of the Somerset County Park Commission's equestrian programs and/or use of the Commission's facilities and/or trails activity identified above, I release, discharge, and hold harmless the Somerset County Park Commission, the County of Somerset, any director, officer, employee, designee, assign, representative and/or any person acting in any capacity on their behalf (hereinafter collectively referred to as "SCPC") from all demands, causes of action, suits contracts, agreements, obligations, covenants, defenses, costs, liabilities and judgments whatsoever, known or unknown, suspected or unsuspected, in contract or in tort, in law or in equity, which I or anyone on my behalf might have against the SCPC arising from my child/dependent's participation in the equestrian programs.
- Waiver and Indemnification** – I, or anyone on my behalf, hereby waive all claims and demands against the SCPC for any loss, damage, injury (including death) or claim of any kind arising from, related to, or caused by my minor's/dependent's participation in the equestrian programs and agree to indemnify, defend, and hold harmless the SCPC (as defined above) from any and all loss, liability, damages, costs, and/or expenses (including actual attorney's fees) arising from or related to same.
- Photography/Video** - In permitting my minor or dependent to participate, I, or anyone on my behalf, understand that my minor's/dependent's photograph/video may appear in publicity or brochures marketing SCPC programs and facilities. I understand that there are no rights granted to me or my minor(s) or my dependent(s) to inspect or approve photographs/video or any other medium prior to publication in any forum.
- Term** – I, and anyone on my behalf, have read this Agreement and agree to be bound by its terms. This Agreement shall be effective for all equestrian activities in which my dependent participates throughout the entire 2024 calendar year or any future calendar year after 2024. I freely execute this document and have no restrictions as to my understanding and execution of this document.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Name – **Please Print**

\_\_\_\_\_  
Name of the Minor/Dependent Participant



# HEALTH FORM & EMERGENCY MEDICAL INFORMATION

The Stable at Lord Stirling Park- Summer Camp  
256 S. Maple Ave · Basking Ridge, NJ 07920 · 908-722-1200 Ext.5528



Name \_\_\_\_\_  
(Last) (First) (MI)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ work: \_\_\_\_\_ cell: \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  Male  Female

In the event of an injury, the local Rescue Squad will transport the injured person to the nearest hospital.

In case of an **EMERGENCY** when a parent / guardian is not available, who should be notified?

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

If there has been a custody decision, please list the name or names of the person **NOT** permitted to pick up the child. \_\_\_\_\_

*(Please provide documentation, which will be kept confidential.)*

Before engaging in any physical activity, it is advisable to check with a physician regarding any conditions that may limit participation. Should an **emergency** arise, we may need to know the following information:

Name of Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Circle if your child has any of the following:

- |           |                         |                  |                      |
|-----------|-------------------------|------------------|----------------------|
| Allergies | Specific Food Allergies | Insect Allergies | Medication Allergies |
| Diabetes  | Seizures                | Contact Lenses   | Dentures             |

Explain in detail any circled above:

\_\_\_\_\_

Does your child carry an epinephrine pen/kit?  Yes  No

Can your child self-administer their epinephrine pen?  Yes  No

Presently taking any medications?  Yes  No If yes, what? \_\_\_\_\_

Is there anything else about your child we should know in order for your child to be successful? Include social, educational, behavioral, etc. \_\_\_\_\_

\_\_\_\_\_

**This medical information is correct and complete to the best of my knowledge. I acknowledge this form may be shared with medical personnel in the event of an emergency.**

\_\_\_\_\_  
Signature of Parent /Guardian Please **PRINT** Signature Name Date

Completed form must be returned by **June 1, 2024.**



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Park Commission**

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TEL: 908 722-1200  
Ext.5002

FAX: 908 766-2687

[www.somersetcountyparks.org](http://www.somersetcountyparks.org)



# Somerset County Park Commission Epinephrine Authorization

(For youth with Epinephrine Prescriptions)

I, \_\_\_\_\_, hereby authorize the Somerset  
(Please print parent/guardian name)  
County Park Commission employee(s) trained in the administration of  
an epinephrine auto-injector to administer the medication prescribed  
for my child, \_\_\_\_\_, for anaphylaxis.  
(Please print child's name)

I have provided the Somerset County Park Commission with written orders from the physician that my child requires the administration of epinephrine for anaphylaxis and does not have the capability for self-administration of the medication, as well as the written instructions from the manufacturer on the use and care of the specific epinephrine auto-injector prescribed for my child.

I understand that I must send my child with his/her prescribed medication to the program each day that he/she attends. The medication must be packaged according to the manufacturer's instructions and labeled clearly with my child's name.

I, \_\_\_\_\_, understand that if procedures as  
(Please print parent/guardian name)  
specified by the manufacturer on the use and care of the epinephrine auto-injector are followed, the Somerset County Park Commission shall have no liability as a result of any injury arising from the administration of an epinephrine auto-injector device to my child, and I, \_\_\_\_\_, indemnify and hold harmless the  
(Please print parent/guardian name)

Somerset County Park Commission employees against any claims arising out of the administration of the device to my child.

I understand that this permission shall be effective for the 2024 program year and shall be renewed each year upon fulfillment of the requirements listed above.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



Somerset County  
Park Commission

## SOMERSET COUNTY PARK COMMISSION DIFFERENT PERSON PICK UP FORM



We ask that you complete a permission form whenever an individual other than the parent or legal guardian is picking up your child. This includes any person(s) with whom you may be carpooling, as well as siblings and grandparents.

Please provide us with the name of the individual picking up your child and the date. If you need additional forms, please feel free to photocopy this form or ask for additional copies. Thank you for your assistance in helping us to provide the best care for your child.

### Somerset County Park Commission Permission Slip for Different Person Pick-up

\_\_\_\_\_ has my permission to go home with  
Participant's Name

Person's Name \_\_\_\_\_ Cell Phone or Other Contact Phone Number \_\_\_\_\_  
on \_\_\_\_\_, 2024

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

### Somerset County Park Commission Permission Slip for Different Person Pick-up

\_\_\_\_\_ has my permission to go home with  
Participant's Name

Person's Name \_\_\_\_\_ Cell Phone or Other Contact Phone Number \_\_\_\_\_  
on \_\_\_\_\_, 2024

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Print Name

SUMMER 2024

# THANK YOU!

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We look forward to a fun summer spent with your child and are excited to share the wonderful world of horses.



See you this Summer!

[www.somersetcountyparks.org](http://www.somersetcountyparks.org)