



# THORNCROFT EQUESTRIAN CENTER

190 Line Road • Malvern, PA 19355 • (610) 644-1963 • www.thorncroft.org

*Presents*

## *CHA All Discipline Instructors' Course November 10-14, 2010*

≈

### COURSE CLINICIANS

Mitzi Summers and Valerie McCloskey

≈

### COURSE SCHEDULE

**4.5 DAYS**

Wednesday, November 10 – 12 pm to 5 pm, Thursday, November 11 thru Sunday, November 14 – 8 am – 5 pm  
Location - Thorncroft Equestrian Center, 190 Line Road, Malvern, PA 19355

For more information please contact Meghan Lyons - [meghanblyons@aol.com](mailto:meghanblyons@aol.com) or 484-459-5585.

≈

### COURSE DETAILS

Clinic will consist of riding, time in the barn and lecture sessions. Participants will also be teaching.  
Lunch will be provided during the Thursday through Sunday sessions.

≈

### COURSE OPTIONS

#### OPTION 1 - CLINIC ATTENDEE

**\$750 – 4.5 days of clinics PLUS all necessary manuals**

- ❖ Please send the completed registration form and release form along with your \$350 deposit (non-refundable) to secure your reservation in the certification clinic.
- ❖ Course manuals will be shipped at no additional cost about 1 month prior to the clinic start date (November 10).
- ❖ Final payment of \$400 is due on or before November 1, 2010. Please make note of this date as no reminder notice will be sent.

#### OPTION 2 - CHA AUDITOR - (limitations listed below)

**\$75/day OR \$225 FOR ALL 4.5 DAYS**

- ❖ The auditors may quietly watch and participate in lectures, but cannot be involved at all in the riding- critiquing process.
- ❖ A **Certificate of Participation** will be granted to those who audit most of the clinic.
- ❖ Auditors are very welcome and encouraged to ask questions and participate in the ground workshops that we may do.
- ❖ Auditors may be included as extra students in the ground lessons. (example: parts of the horse, etc.)

≈

**FORWARD REGISTRATION AND PAYMENT FORM TO: THORNCROFT, 190 LINE ROAD, MALVERN, PA 19355.  
Payment can be made by check, money order or PAYPAL (on our website: [www.thorncroft.org](http://www.thorncroft.org)). Please do not send cash.  
REGISTER TODAY TO GUARANTEE YOUR SPOT!**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE # Day ( ) - Night ( ) - Cell ( ) - \_\_\_\_\_

E-MAIL : \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

Notify me of future Thorncroft events  (check here)

Riding Level (circle one): Beginner Intermediate Advanced Which do you prefer (circle one): English or Western

Do you have Dietary Restrictions: Yes No If yes, please list them here \_\_\_\_\_

≈

### THORNCROFT IS A MEMBER OF OR AFFILIATED WITH:

- ❖ Certified Horsemanship Association
- ❖ Riding for the Disabled Association
- ❖ North American Riding for the Handicapped Assoc., Premier Center
- ❖ Pennsylvania Council on Therapeutic Horsemanship, Life Member





**Thorncroft Equestrian Center**  
**190 Line Road, Malvern, Pa 19355 Phone: 610.644.1963 Fax: 610.644.9342**

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

\_\_\_\_9/10rev\_\_\_\_\_ **Information and Liability** \_\_\_\_\_ Data Base Entry Date/Initials \_\_\_\_\_  
 (Please complete in ink)

**Your relationship with Thorncroft is as a:** \_\_\_\_ Student \_\_\_\_ Volunteer \_\_\_\_ Staff (please check appropriate box(s)).

Your Name: \_\_\_\_\_ YOUR D.O.B.: \_\_\_\_\_

**If under 18:** Father, Mother, Guardian (please circle): \_\_\_\_\_

SPOUSE: \_\_\_\_\_ Preferred Salutation (please circle): Mr.; Mrs.; Mr. & Mrs.; Ms.; Other: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

**IN CASE OF EMERGENCY, PLEASE CONTACT**

Parent(s)/Spouse/Guardian/Caregiver (please circle): \_\_\_\_\_ Contact Number: \_\_\_\_\_

**LIABILITY RELEASE**

In consideration of accepting \_\_\_\_\_ (name) in the riding program, or any other activity at Thorncroft, I understand that horses are unpredictable by nature and I voluntarily assume the risks and dangers involved. I hereby, intending to be legally bound, for myself, my heirs, executors or administrators, waive and release all claims for damages I may have against Thorncroft Therapeutic Horseback Riding, Inc., its Owners, Instructors, Volunteers, Aids, and or Employees for any and all injuries and or loses. Respecting the ability of our horses, Thorncroft is unable to provide services to riders with a weight of over 200 pounds.

**MEDICAL RELEASE**

The above student hereby (check one) "Consents \_\_\_\_\_", "Does not consent \_\_\_\_\_" to any medical, dental, or surgical treatment or procedure of an emergency nature that is reasonably necessary to save the life of the person named above or to restore the person to health. I understand that should medical emergency treatment be required, the current insurance information listed here will be provided to the attending clinic or hospital to cover future payment of incurred bills.

**HELMET REQUIREMENT & SUGGESTED RIDING ATTIRE**

An ASTM-SEI approved helmet is required while mounted. I have been advised to wear hard soled shoes and pants in and around the stables and while working with or riding horses, so as to help prevent horse-related injuries. (Open toe shoes are not allowed in the stable area).

**INSURANCE**

The above named student carries accident/medical insurance: yes \_\_\_ no \_\_\_, Name of insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

**PHOTO RELEASE**

The above named student hereby (check one) "Authorizes \_\_\_\_\_", "Does not authorize \_\_\_\_\_" the use and reproduction by Thorncroft Therapeutic Horseback Riding, Inc. of any and all photographs taken for promotional and or printed materials.

**POLICY OF CONFIDENTIALITY**

All information including but not limited to, personal, medical, and financial documents are confidential among all participants, volunteers, and staff. Confidentiality is considered one of the most basic responsibilities of our farm.

**ACCEPTANCE OF POLICIES (please see back)**

I have read, understand and will respect Thorncroft's policies as they pertain to  
 ξ Release of Liability ξ Photo Release ξ Policy of Confidentiality ξ Lesson/payment and ξ Billing.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Signature of student, parent, guardian or volunteer)

**If this is a student release, please note below the Name & Address of the Person/Organization responsible for payment of lessons:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Thank you for returning a signed copy of this agreement to the front office before you participate in any program.**