



THORNCROFT

EQUESTRIAN CENTER

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

Presents

Annual Thorncroft Instructors' Course *October 6, 2010 - June 15, 2011*



COURSE INSTRUCTORS

Saunders Dixon, Director, Thorncroft Equestrian Center
Meghan Lyons, Instructor, NARHA Registered Level, Centered Riding Level 1



A comprehensive study course for people wishing to become therapeutic riding instructors and those who wish to gain and expand their knowledge.



COURSE SCHEDULE

October 6, 2010 - June 15, 2011

Wednesday evenings from 6:00 pm – 9:00 pm

At Thorncroft Equestrian Center, 190 Line Road, Malvern, PA 19355

For more information please contact Meghan Lyons - meghanblyons@aol.com

Weekly classroom sessions will take place at Thorncroft; some additional evenings and weekends will be required for co-teaching with Thorncroft Instructors in the stable area and to complete projects outside of class. Reading assignments will be required on a weekly basis.

Evening and weekend guest lectures will be coordinated with the class. Participants will receive a pre-course assessment of skill level prior to the start of the course.



CERTIFICATION

Course attendees are invited to participate in 1 of 2 tracks with the additional options listed below:

Track 1 - Certificate to Teach

Cost \$2,750

- Mentoring with Thorncroft Instructors and Staff in the barn, arena and office
- 6 weeks of student teaching
- The following requirements must be met to meet the criteria for the Track 1 certificate:
 1. 85% course attendance
 2. Completion of the year-end report
 3. A score of 85% on the written exam
 4. Successful teaching of two lessons and a riding exam judged by an independent panel at the end of the course.

Track 2 - Certificate of Completion

Cost \$2,200

- The following requirements must be met to meet the criteria for the Track 2 certificate:
 1. 85% course attendance
 2. Completion of report assigned at the end of the course

Also available to course participants

Additional cost for each – to be determined

- Centered Riding: Level I Certification
- Certified Horsemanship Association: Standard Instructor Certification
- North American Riding for the Handicapped Assoc.- Registered Level

An application postmarked by 8/27/2010 qualifies you for a 10% discount! Don't delay... space is limited.



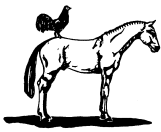
Meet and learn from chosen professionals in the fields of Horsemanship, Psychology and Physical, Occupational and Speech Therapies. Discover 42 years of experience exploring the bond between horses and people of all abilities.



THORNCROFT IS A MEMBER OF OR AFFILIATED WITH:

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





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

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____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.