



Thorncroft Equestrian Center
190 Line Road
Malvern, PA 19355
610.644.1963
www.thorncroft.org

Summer Camp Program Registration Packet

“Step 1:Registration!”

- All Camp participants must fill out a registration form before being signed up or any week of camp. Each participant only needs ONE registration form with the weeks they wish to participate marked off.
- NOTE: The registration form for regular summer camp is *different* from CIT/Teen camp registration.
- Send your registration to emma@thorncroft.org or submit a paper copy to the main office

“Step 2: Confirm your spot!”

- Our Summer Camp program contact will confirm openings in the sessions listed on your registration form

“Step 3: We Review!”

Before starting camp, Thorncroft must receive all of the following paperwork COMPLETED in full...

- TEC Participant Release Form
- TEC Seizure Policy Form
- TEC Summer Program Intake Packet
- Please contact emma@thorncroft.org with any questions

“No Spots Left?”

- At this time we will notify you that either...
 1. You may be placed on the waiting list for the weeks of your choice in case a spot opens
 2. Recommend more appropriate programs outside of Thorncroft

Participant Name (Print): _____ DOB: ____/____/____

For Office Use Only

- Registration (*pre-scheduling*)
- Guidelines/Policies
- Basic Rules
- Conduct/Discharge Policy
- Seizure Policy
- Release
- Other: _____

Registration Guidelines and Policies

Signature (Parent/Guardian): _____ Date: _____

Conditions for Acceptance and Continuation: Thorncroft must have an appropriate opening for the participant's age and ability and have a suitable horse available to meet the rider's physical requirements such as height, weight, and muscle tone. While our overall weight limit is 200 pounds for mounted activities, for the safety of our participants, volunteers, and horses, participants who are not eligible for mounted lessons due to our weight restrictions may be eligible to continue with Thorncroft in our unmounted programming.

Thorncroft reserves the right to decide if we are unable to serve an applicant due to inaccessible resources and/or safety concerns including PATH, Intl. guidelines relating to precautions and/or contraindications for participation.

I acknowledge and agree to the Conditions for Acceptance and Continuation (Initial) _____

Contraindications to Participation: Seizure disorders may be a contraindication to riding and are evaluated based on precautions and contraindications for PATH, Intl. Centers. Other contraindications include but are not limited to atlantoaxial instability, uncontrolled behavior, loud outbursts and/or unmanageability, open sores, unstable spine or a serious heart condition, spontaneous fractures or recent fracture, recent surgery without subsequent physician's release, obesity, acute arthritis, inability to safely transfer from ramp to horse, as well as dismount. **Thorncroft Staff must be notified before a lesson if a participant has had a seizure, has had medical attention or medication changes; is hospitalized, or experiences anything that would affect behavior, safety, or functioning while at class.**

I acknowledge and agree to the Contraindications to Participation (Initial) _____

Attendance: There is no make-up opportunity. Please understand that lateness has a negative impact on all participants in the group and diminishes the quality of the lesson.

If you are unable to attend a regularly scheduled session, notification must be made by calling the Thorncroft office at 610-644-1963. Please leave a message so sufficient notice may be provided to staff and volunteers.

Cancellations due to inclement weather will be communicated via email. To remain informed DO NOT unsubscribe to our email list! Thorncroft reserves the right to change mounted lessons to unmounted at any point to preserve the health and well-being of our equine partners.

I acknowledge and agree to the TEC attendance policy (Initial) _____

Fee for Service Thorncroft is able to subsidize the majority of this cost through the generosity of individual and corporate sponsors, as well as foundation grants and proceeds from fundraising events. The actual cost of participation is far greater than Thorncroft's fees for service.

Families that need additional support can apply for scholarship support which is awarded based upon the availability of funds and the financial need of the participants and/or their family.

I acknowledge and agree to TEC's Service Fees (Initial) _____

Billing Policy: Balances for all sessions of camp will be due by June 1. Services will not be provided if there is an outstanding balance for a rider. Thorncroft is not responsible for sending reminders of upcoming bills, due payments, or overdue notices. Full payment and corresponding documentation must be received by the office before the start of any program.

I acknowledge and agree to TEC's Billing Policy (Initial) _____

Payment Methods: The Following are the options available for paying your lesson fees...

1. Pay for your sessions Online. Online payments are the preferred method of payment.
 - www.thorncroft.org
 - Go to Programs and Clinics, Programs, Sumer Camp, and scroll down to "Pay Now."
2. You may pay for your sessions in person. Please put your check in the white box located on the wall in the waiting area of the Main Arena. This box is locked at all times. Do not hand your check to a staff member. Put the rider's name in the memo of the check.
3. If you pay by mail, please remit payment to the following address payable to Thorncroft: 190 Line Rd. Malvern, PA 19355.

Please be sure to include the rider's name in the memo of the check.

I acknowledge and agree to follow TEC's Lesson Payment Methods (Initial) _____

Horse Selection and Care: Riders are matched with horses for a variety of reasons including movement, physical attributes, and individual characteristics. Horse selection is the exclusive decision of instructors and program staff.

I acknowledge and agree with TEC's horse selection and care policy (Initial) _____

Attire: Participants should dress appropriately for the weather. For safety, we highly recommend proper footwear; at a minimum, a sturdy shoe or boot with a heel (such as paddock boots), and mounted participants must wear long pants. No tank tops, spaghetti straps, or crop tops. Thorncroft requires participants to wear ASTM-FEI approved helmets, if you do not have your own ASTM-FEI approved helmet one will be provided for you. A change of clothes is recommended for those who wish to wear shorts after equine activities.

I acknowledge and agree to TEC's attire requirements (Initial) _____

Weather:

Heat Policy: To ensure the health and well-being of horses, Thorncroft follows the Heat Index Equine Activity Scale below, in which the heat index calculated is the sum total of actual air temperature (Degrees Fahrenheit) and relative humidity(%)

180+: Unmounted lessons only.
170-180: Walk-only lessons. No trot or canter.
160-170: Walk with minimum trot permitted. No canter.
150-160: Minimum trot, no canter.
130-150: Walk, trot, and minimal canter at the discretion of the instructor (Factoring in horses, age, fitness, health conditions, workload, etc.)
< 130: Up to the instructor's discretion

Severe Weather Policy: In the case of severe weather conditions including, but not limited to high winds, heavy rain, hail, or lightning storms, instructors or most senior staff must safely dismount riders, clear the arena, and return horses to stalls. Thorncroft personnel will use their best judgment in prioritizing the safety of the rider, staff, and volunteers. Every effort will be made to provide classroom-based instruction or unmounted skill development during these rare circumstances.

I acknowledge and agree to TEC's above weather policies (Initial)_____

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

I acknowledge and agree to TEC's above confidentiality policy (Initial)_____

Personal Information Release Policy: We respect the privacy of our participants, hold in strict confidence all information about participants and comply with applicable privacy and other legislation. No information will be released to a third party without your prior written authorization. At any time, you have the right to withhold or withdraw consent to, or place conditions on, the disclosure of your information. Exceptions to confidentiality may include legal and/or ethical obligations.

I acknowledge and agree to TEC's above personal information policy (Initial)_____

Non-harassment: TEC will not engage in or tolerate any other forms of unlawful harassment. The term "discrimination" or "harassment" includes, but is not limited to, derogatory comments, slurs, offensive remarks or jokes, or other verbal, graphic, or physical conduct. Harassment also includes unwelcome sexual advances, requests for sexual favors, unwelcome or offensive touching, and other conduct of a sexual nature

I acknowledge and agree to TEC's Non-Harassment Policy (Initial)_____

Behavior and Zero Tolerance Regarding Discrimination and Harassment Policy: TEC will not engage in or tolerate unlawful discrimination (including any form of unlawful harassment or retaliation) on account of a person's sex, pregnancy, age, race, color, religion, creed, national origin, ancestry, citizenship, immigrant status, military status, veterans status, disability, handicap, genetic information, sexual orientation, gender identity, marital status, family status, domestic partner, civil union, or ridership in any other protected group. TEC will not tolerate threatening behavior of any kind, threats towards any TEC staff member, volunteer, or student will result in immediate expulsion from TEC.

I acknowledge and agree to TEC's above Behavior, Discrimination, and Harassment Policy (Initial)_____

BASIC RULES FOR PARTICIPANTS

ALL PARTICIPANTS WILL:

- Call the Main office at 610-644-1963 and notify the Camp Contact, Emma, when they are unable to attend a scheduled day and time – especially if your situation changes at the last minute
- Will not bring dogs or pets on the premises at any time. Exceptions will be made for task-trained service dogs
- Walk when on the premises...no running!
- Use appropriate voices and avoid sudden movements, particularly near the horses
- Wear appropriate attire including a currently ASTM/SEI-approved helmet for all riding
- Not feed any animals unless given explicit permission from a Thorncroft Staff member
- *Before* the mounted and/or unmounted activities, inform the instructor of any changes in the participant's medical condition
- *Before* the mounted and/or unmounted activities, inform the instructor of any experiences that would affect the participant's behavior, safety or functions while at Thorncroft
- No smoking/vaping or drinking alcohol anywhere on the premises

ALL OTHERS WAITING OR OBSERVING PROGRAM WILL:

- Closely supervise participants, siblings of participants, or visitors while on the premises
- Ask permission from the instructor to take photographs or video, especially with lights or a flash
- Not approach or feed any animals unless given explicit permission by the Thorncroft Instructor
- Use appropriate voices and avoid sudden movements, particularly near the horses
- Abide by Thorncroft's strict NO SMOKING policy which includes vaping and other devices

GENERAL CONDUCT POLICY: Staff, volunteers, students, or other guests are expected to behave in a way that is safe, healthy, and conducive to a high-quality learning environment. Some examples of inappropriate conduct would include but are not limited to...

- Causing physical injury to another person.
- Making threatening remarks.
- Displaying aggressive or hostile behavior that creates a reasonable fear of injury to another person or subjects another individual to emotional distress.
- Intentionally damaging employer property or property of another employee.
- Committing acts motivated by, or related to, sexual harassment or domestic violence.

I acknowledge and agree to TEC's Basic Rules for participants and guests.

Signature _____ **Date** _____

PARTICIPANT CONDUCT/DISCHARGE POLICY

It is Thorncroft's goal to ensure that participation in our programming is beneficial, appropriate, and safe for all parties involved. With the variety of programs Thorncroft has to offer, program staff will within reason work to offer a meaningful avenue for continued involvement at TEC. However, at times it may be necessary to amend a participant's participation or discharge a participant from Thorncroft services. Thorncroft reserves the right to discharge participants from the program under the Americans with Disabilities Act (ADA) and Thorncroft-specific policies and rules.

Thorncroft Program Staff will conduct regular reevaluations of students scheduled at intervals that are appropriately set for the student's current needs and relevant medical History. Thorncroft Program Staff will also reevaluate a participant's participation when significant medical changes, behavioral concerns, or changes in the availability of appropriate resources (Horses, volunteers, instructors) occur. The evaluation team will then make a recommendation for this participant moving forward which may include, a change in program eligibility, temporary suspension of participation, or discharge from the program.

Additionally, repeated absences as well as lessons payments being 90 days or more past due, may also result in discharge from the program. Please see payment and attendance policies for more information regarding participant expectations.

I have read and acknowledged the TEC Participant Discharge Policy above.

Signature

Date

Thorncroft Seizure Policy

Thorncroft Equestrian Center's goal is to minimize risk for all participants, volunteers, staff, and horses engaging in equine-related activities at our facility. While there is an inherent risk with all equine-related activities, experiencing a seizure while participating in equestrian activities (including barn work/care) can increase the risk of injury/death for both the participant and the individuals around them. Because of this Thorncroft's seizure policy is as follows...

- If a participant experiences a Grand Mal Seizure at any point (not just while at Thorncroft) or any type of seizure activity while on Thorncroft property...
 - The participant or caregiver will notify Thorncroft of the seizure activity 1) immediately if the seizure occurred on Thorncroft property or 2) PRIOR to their next scheduled lesson if the seizure occurred in a different location.
 - Thorncroft will place the student on medical leave from their lesson for at least 6 months. The individual must be seizure-free for 6 months before being reevaluated to return to equine activities. Thorncroft will not charge a hold fee during this time.
 - Participants/Caregivers will provide Thorncroft with a signed letter from their physician stating that they have been 1) Seizure free for 6 months and 2) cleared to return to the specific equine activities they wish to participate in (i.e., mounted lessons, barn work, etc.)

If a participant has met the above conditions, the Thorncroft evaluation team will meet to discuss this individual's situation and will make the appropriate recommendations for participation at Thorncroft moving forward. Meeting the above conditions does not guarantee a participant will return to the same type of participation or assistance needs as they had prior to the seizure activity.

By signing below, I understand and agree to the Thorncroft Seizure Policy above as well as my obligation to disclose seizure activity in a timely and transparent manner to ensure my own safety as well as the safety of others in the Thorncroft Community.

Name of Participant (PRINT) :

Date: _____

Signature of Participant/Guardian: _____

Thorncroft Equestrian Center
190 Line Road, Malvern, PA 19355
Office: 610.644.1963 Fax: 610.644.9342 thorncroft.org
Summer Program Participant Release

Name of: Parent(s), Guardian, Caregiver (please circle): _____
Cell Phone: _____ **Email:** _____

If this is a rider release, please note below the name and address of the person(s)/organization responsible for payment of sessions:
Name: _____ **Cell Phone:** _____
Address: _____ **Email:** _____

IN CASE OF EMERGENCY, PLEASE CONTACT Parent(s) Spouse/Partner Guardian/Caregiver
Name: _____ **Phone:** _____

LIABILITY RELEASE In consideration of accepting _____ (participant's 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 Equestrian Center/Thorncroft Therapeutic Horseback Riding, Inc., its Owners, Instructors, Volunteers, Aids and or Employees for any and all injuries and or loses. A non-employee is not covered by Thorncroft's worker's compensation policy. Respecting the ability of the horses, Thorncroft is unable to provide services to riders with a weight of over 200 pounds. Thorncroft is not responsible for any personal items ie: helmets, cell phones, etc.

Initials: _____

MEDICAL RELEASE The above participant 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.

Initials: _____

INSURANCE: The above-named participant carries accident/medical insurance: Yes No
Name of Insurance Co. _____ **Policy #:** _____

Initials: _____

PHOTO/SOCIAL MEDIA RELEASE: The above-named participant hereby "Authorizes _____", "Does NOT authorize _____" the use and reproduction by Thorncroft Therapeutic Horseback Riding, Inc. of all photographs taken for promotional and or printed materials.

Initials: _____

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

Initials: _____

Signature: _____ **Date:** _____
(Signature of parent, caregiver, or guardian.)