



SOMERSET COUNTY PARK COMMISSION
T.R.A.I.L.S.
(Therapeutic Recreation Adapted Instruction at Lord Stirling)

Adapted horseback riding instruction for children, teens, & adults ages 9 and older with a developmental disability who reside in Somerset County.

Dates: Beginning Tuesday, September 13 or Wednesday, September 14

Classes: Tuesdays 6:15 - 7:30 PM or 7:15 - 8:30 PM
Wednesdays 6:15 - 7:30 PM or 7:15 - 8:30 PM

***Your class assignment, including day of week, will be at the discretion of the TR staff and the riding instructor. When determining class assignment we consider the rider's functional and riding ability and not age, in order to allow for higher skill progression. Riders new to the T.R.A.I.L.S. program may be tested for riding ability prior to the start of lessons in order to establish class assignment.**

Location: Lord Stirling Stable, South Maple Avenue, Basking Ridge, NJ

Fee: \$205.00

Appropriate dress is required. **All riders must weigh less than 225 pounds and be able to balance themselves on the horse with minimal assistance.** Five (5) riders per class will be accepted. **All riders must provide one (1) volunteer each week for the 10 weeks.** *Acceptance in the program is at the discretion of the TR staff/instructor and based on the availability of an appropriate horse that can support the rider's weight.*

Registration will be accepted on Monday, August 15 from 6:00 - 7:00 PM in person at North Branch Park, TR Activity Center, Milltown Road, Bridgewater. *(No phone or fax registration will be accepted).* Please visit our website to review the policies and procedures regarding the TR registration process.

Questions? Please call 908 526-5650. Individuals with a hearing/speech impairment may call the Relay Service @ 711. You can visit us on the web @ www.somersetcountyparks.org



T.R.A.I.L.S. Fall 2011

NAME: _____ Age: _____ Birth date: _____

ADDRESS: _____
Street City Zip

TELEPHONE: _____ EMAIL: _____

HEIGHT: _____ WEIGHT: _____ DISABILITY: _____

SCHOLARSHIP: No Yes *(If yes, please submit a \$25.00 deposit)*

PAYMENT: CHECK CREDIT CARD CASH *(Exact change only)*

CREDIT CARD #: _____ EXPIRATION DATE: _____

SIGNATURE: _____