



Somerset County  
Park Commission

# 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.

***Beginning this season, Sue Radcliff will be the new instructor for the T.R.A.I.L.S. program. Sue is NARHA certified; (North American Riding for the Handicapped Association), and will be adding many new skill—building activities to the program.***

**Dates:** Beginning Tuesday, April 6 or Wednesday, April 7  
**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 will consider the rider’s functional and riding ability and not solely age, in order to allow for higher skill progression.**

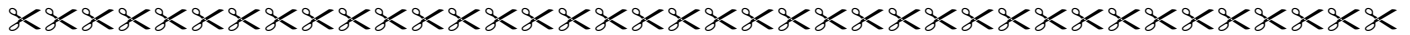
**Location:** Lord Stirling Stable, South Maple Avenue, Basking Ridge, NJ

**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, March 22 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)**

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



## T.R.A.I.L.S. Spring 2010

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

ADDRESS: \_\_\_\_\_  
Street City Zip

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ CLASSIFICATION/DISABILITY: \_\_\_\_\_

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

PAYMENT:  CHECK  CREDIT CARD  CASH (Exact change only)

CREDIT CARD #: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_