

Special Olympics Equestrian Registration Information Registration Closes FEBRUARY 20th

Chester County Special Olympics will train at
**THORNCROFT EQUESTRIAN CENTER
190 LINE ROAD
MALVERN, PA 19355**

Training Sessions will be held Tuesday and Wednesday evenings beginning March 6th and 7th and will run for 10 consecutive weeks. Registrants will be assigned to one of the evening sessions. We cannot accommodate requests.

**Tuesdays 7:00pm-8:00pm March 6th – May 8th
Wednesdays 7:00pm-8:00pm March 7th – May 9th**

All prospective riders must complete the attached questionnaire, sign the code of conduct and bring their completed medicals on the first day of training. Medicals are valid for three years but must be presented yearly. If you have participated in the past please bring a copy of your medical forms for this year's program. Each interested athlete must have an up to date Special Olympic medical in the SOPA database in order to register and be considered for training and the games. All athletes that accept a training spot must be available for the Penn State Games.

PENN STATE GAMES WILL BE HELD May 31st –JUNE 2nd

Please be aware that there is limited space for Penn State and the athletes will be chosen by a random lottery for the allotted spots for each county. All riders that train this spring must be available to ride in the local HRD horseshow on May 26th This is a qualifying event for Special Olympics and is required of all athletes attending the games. Times for the May 26th show will be posted one week prior to the May horseshow.

Thorncroft Required Questionnaire:

Athlete's name _____

Athlete's age _____

Athlete's Height _____

Athlete's Weight _____

200 LB LIMIT - All 1st time riders, regardless of weight, must pass an evaluation ride to determine eligibility to safely ride a horse.

MOBILITY STATUS:

Can the athlete ambulate? Yes _____ No _____

Assistance: Independent _____ minimal _____ moderate _____ maximal _____

Physical Aids: canes _____ crutches _____ walker _____ braces _____

Does the athlete have any horseback riding experience? Yes _____ No _____

If yes, how long or often do they ride and where do they ride?

Caregiver/parent cell phone # _____

Caregiver/parent email address _____

Please read and sign below:

I/we understand that the athlete listed above must be present for all 10 training sessions. They must participate in the May 26th HRD horseshow and be available for the state games. May 31st - June 2nd 2018

Signature:

Legal Guardian/athlete

date