

# BTRC Rider Registration

PLEASE PRINT CLEARLY AND FILL OUT FORM COMPLETELY

## Rider Info

Full Name of Rider	Address (Include Zip Code)	Date of Birth
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Parent / Guardian ( List address if different from rider's address)	Phone Numbers (Include home, work, cells, pagers)
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## Emergency Info

## Authorization of Medical Treatment

By completing this section, you are permitting treatment to be performed by an appropriate medical facility, to the above named rider in case of minor injury or medical problems. In the event of serious injury or illness, you will be contacted immediately.

Emergency Contact (Other than parent / guardian)	Relationship	Phone Numbers (Include home, work, cells, pagers)
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Preference of Hospital / s
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*In case of an extreme medical emergency, the undersigned authorizes the instructor on staff, at the Beekman Therapeutic Riding Center, to seek any medical and or surgical treatment if necessary if I or my listed emergency contact person can not be contacted.*

Signature of Parent / Guardian / Adult Rider	Date
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## Health Insurance

Insurance Company Name	Policy Holder	Employer	Policy Number
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*The above designated person is hereby authorized to incur medical costs necessary to provide medical treatment for said participant for which we shall be fully responsible. We also authorize the medical facility to release any and all information required to complete insurance claims and also to authorize insurance payment directly to the medical facility.*

Signature of Policy Holder	Date
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## Release of Liability

I / we are aware and understand that there are inherent dangers, hazards, and risks, associated with equine activities. I / We acknowledge that these inherent risks of the equine activities means those dangerous conditions which are an integral part of equine activities, including but not limited to: 1.) The propensity of any equine to behave in ways that may result in injury, harm or death to persons on or around them and / or damage to property in their vicinity. 2.) The unpredictability of an equine's reaction to such things as sounds, sudden movement and unfamiliar objects, persons or other animals. 3.) The equine's response to certain hazards such as surface and subsurface objects. 4.) Collisions with other equines, animals, people, and objects. 5.) The potential of any participant to act in a negligent manner that may contribute to injury to the participant or others, such as failing to maintain control over the equine or to act within his or her ability.

I / We assume these risks and accept the consequences involved in the participation, of the rider registered on this form, in the BTRC program. I / We accept the responsibility for complying fully with all safety regulations and practices. I / We will consult with the instructor of the BTRC for advice in circumstances where safe practices are in doubt.

I / We have read and fully understand the content of this release of liability and agree to comply with the intent to hold harmless or to indemnify BTRC, LSD, it's staff, volunteers and any other individuals and or organizations involved from any liability for injury that may result from the participation in the program.

Signature of Parent's / Guardians / Adult rider	Today's Date
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## Optional Release

## Photo & Video Release

On occasion photographs and video taping takes place in and around the horseback riding arena. In addition to keeping a memorable scrap book of our BTRC riders, we have constant need for photos in our news letters and in our publication materials that are distributed amongst the public. Parent / Guardian / Adult riders, please place your signature below if you agree to the use of photos or video footage, by BTRC, containing the registered rider.

Signature of Parent's / Guardians / Adult rider	Today's Date
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# PHYSICIAN'S REFERRAL

THIS SECTION IS MANDATORY AND MUST BE COMPLETED ANNUALLY

This information is kept confidential in the students file and is accessed only by approved staff. By completing this section, the information that you provide will facilitate our staff in designing a curriculum that will best benefit this patient / student in our program.

Patient's Full Name		Diagnosis			Date of Onset		Height	Weight
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<b>DIAGNOSIS AFFECTS:</b>	SIGHT	HEARING	SPEECH	MOBILITY	BALANCE	MUSCLE TONE	COORDINATION	NEURO-SENSATION
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List Braces or other Assistive Devices
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**DOWN'S SYNDROME SPECIAL ATTENTION**-Medical research shows that up to 10% of Down's Syndrome patients suffer from Atlanto-Axial Dislocation, which is a mal-alignment of C-1 and C-2 (cervical vertebrae in the neck.) Due to the fact that horseback riding is an activity that creates a lot of random muscle movement, it poses a high risk for injury to Down's Syndrome patients that may have this condition. For the protection of these individuals we require a thorough examination and recommendations for horseback riding by a physician who has knowledge of Atlanto-Axial Dislocation.

<b>PHYSICIAN EVALUATION -</b>	CERVICAL SPINE X-RAYS	EVIDENCE OF ATLANTO-AXIAL DISLOCATION
	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>

PARENT / GUARDIAN / ADULT RIDER- I / We have read and understand the above statement regarding special attention to Down's Syndrome and Atlanto-Axial Dislocation. We / I agree with the physician's findings during this examination and their recommendations for horseback riding.

Signature of Parent / Guardian / Adult Rider	Date
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## PHYSICIAN INFORMATION

Physician's Name and Address (Please Print Clearly or Stamp)	Physician's Phone
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The Physician's signature releases this patient to participate in horseback riding activities, without concern of contraindications as a result of the activity.

Physician's Signature	Date
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## THERAPIST ASSESSMENT

Physical Limitations
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Precautions to Observe While:

Mounting:	Riding:	Dismounting:
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Social / Emotional Response

Attitude:	Communication:	Behavior:
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Suggested Exercises For

Pre-Ride:	Mounted:	Post-Ride:
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Suggestions of Areas to Improve while Therapeutic Riding

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Therapist Name (Title) and Address	Phone
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Therapist Signature	Date
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## **BTRC 2009 Lesson Schedule**

**Session 3 – April 13 – May 22** (6 wks)

Easter – April 12 (does not affect p.m. riding classes on Fri or Mon)  
April 18 – Vet-A-Visit (BTRC demo/ display at MSU McPhail Center)  
Mt. Hope Middle School Field Trips at BTRC May 6 & 12 (or 5<sup>th</sup>)

**Session 4 – May 26 (Tues) – June 26** (4 Wks for Mondays due to Memorial Day / 5 weeks for other)

**BTRC CLOSED on Memorial Day, Monday, May 25**  
June 4<sup>th</sup> – Last day for Beekman students before summer break  
Summer Break –(No classes from June 30-July 3)

**Session 5 – July 6 – August 28** (8 weeks)

**BTRC CLOSED June 29- July 3 for July 4<sup>th</sup> Holiday**

**Session 6 – August 31 – Oct 16** (8 weeks)

Beekman Students begin riding starting Sept 14

**Session 7 – Oct 19 – Dec 18** (8 weeks)

**November 23-27 – BTRC CLOSED for observation of Thanks Giving**  
**December 21 – Jan 3, 2010 – BTRC CLOSED for Christmas Break**  
2009 Riding Term begins, Jan 4, 2010

## **Riding Lesson Rates**

**Semiprivate Lessons** (no more than 2 people in a class)

1 hour lesson ... **\$35 per lesson per person**  
30 minute lesson ... **\$30 per lesson per person**

**Private Lessons** (1 person in a class)

1 hour lesson ... **\$40 per lesson per person**  
30 minute lesson ... **\$35 per lesson per person**

**Group Lessons**

*Group lessons are offered only at the discretion of the instructor. Option to form a group, which is up to 4 students, is based on evaluation of the experience of participants of the group) ... **\$25 per lesson/person***

**Get a 10% discount if you pay for 2 full terms of lessons (2 Sessions of your choice)**

**Family Discounts available for more than 1 rider from the same family!**

*Discounts only apply FOR PAYMENT IN FULL prior to your first class attendance!*

**Please make checks payable to:**

**LEAF / Beekman Riding**  
2901 Wabash Rd.  
Lansing, MI 48910

***Call us today to Sign Up for Classes! 517-755-2175***

Or send us an email at [classes@beekmanriding.org](mailto:classes@beekmanriding.org)



## **BTRC Payment Requirement**

*Please take a moment to read through and become familiar with these guidelines on making payment-*

- **We prefer payments to be made on in a lump sum or in 2 installments rather than on an individual payments (per lesson) basis. Payments are due on the first lesson of the session.** If you opt to make two payments for the session, we require at least half down due at the first lesson of the term with the balance due on the 3<sup>rd</sup> week of the session. Please contact our office if you must make payments per individual lesson.
- If you are paying with cash, please be sure to **put the cash in a sealed envelope with the students first and last name, the session it is to be applied to and the current date the payment is being paid on.**
- **When writing checks, please address them to “LEAF/ Beekman Riding”.** In the note section of your check, please write the invoice number it should be applied to. If you don't have the invoice with you, please write the students name and the session number instead.
- If you are paying on site, please be sure all payments go into the small cashbox in the indoor arena.
- If you require a receipt for your payment, show your payment to the instructor and ask them for a hand written one or you can leave a note with your payment letting me know you need a computer generated invoice. We will either leave it with your instructor or mail it to you.
- If you send your payment in, please follow the steps above for addressing the check and indicate if you need a copy of your invoice showing it paid.
- If you prefer to drop your payment off at to our center and the arena happens to be closed down when you arrive, you are welcome to leave your payment at the main office in the Beekman school. PLEASE be sure to enclose it in an envelope with addressed to “BTRC”. You will need to ask the school secretary to place the envelope in the BTRC mailbox.
- If you are mailing your payment in please mail it to the address shown at the top of your invoice or estimate.

Beekman Therapeutic Riding Center  
2901 Wabash Rd.  
Lansing, MI 48910  
517-755-2174 or 755-2175



## ***BTRC Policy on missed or cancelled lessons***

### **Client Absence**

- Due to our staffing expenses, regardless of your attendance, **we can no longer credit make-ups to the client**, for short notice absences due to illness or no-shows.
- Accounts may be credited for missed lessons only if we have a **3 weeks notice** or some prior arrangements have been made with the program manager.
- If you have projected absence *before* the start of the session, please contact the program manager as soon as possible so your invoice can be adjusted accordingly.
- If arrangement have been made to honor a make up lesson to you and you do not show up for the lesson, your make up will be forfeited.
  
- **If the student will missing class for any reason we appreciate at least 2 hour prior notice so we have time to cancel our volunteers.**
  
- **Please call the ARENA at 517-755-2177. PLEASE DO NOT LEAVE a message on the office voice mail as it may not get picked up by the instructor until the next business day.**

### **Class Cancellations**

- If your instructor cancels classes due to in climate weather or absence on their part, your account will be credited by means of a make-up lesson in the following term.
- Typically the make up lesson will be offered during the first week of the new session; however, the instructor may suggest a different date or may opt to offer individual students to do their make-up lesson.
- Make up lessons will not be rescheduled unless the instructor cancels the originally agreed upon make-up date.
- We DO NOT offer cash refunds.

Please contact our office if you have any question regarding our policies or your invoice at 517-755-2174 or email the program manager at [manager@beekmandiding.org](mailto:manager@beekmandiding.org)

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