



# Banbury Cross

*Therapeutic Equestrian Center*

1223 Brauer Road  
Oxford MI 48371

(248) 628-RIDE

April 10, 2008

Dear Participants and Families,

It is time to register for the Summer Session, which will have two seven-week parts. *Part I* will run from May 14th through June 28th, *Part II* will run from July 9th through August 21st. Each part will consist of seven lessons. Please register for one or both at this time. The Summer schedule is as follows:

## PART I (MAY 14th- JUNE 28th)

WEDNESDAY	EVENING	P.M.	5:30	6:15	7:00	7:45	
THURSDAY	EVENING	P.M.	5:30	6:15	7:00	7:45	
SATURDAY	MORNING	A.M.	9:15	10:00	10:45	11:30	12:15 PM

## PART II (July 9th- AUGUST 21st)

WEDNESDAY	EVENING	P.M.	5:30	6:15	7:00	7:45	
THURSDAY	EVENING	P.M.	5:30	6:15	7:00	7:45	
SATURDAY	MORNING	A.M.	9:15	10:00	10:45	11:30	12:15 PM

Those riders who have already participated in classes for 2008 will only need to send the registration and fee to enroll. All new riders for 2008 will find the following enclosed:

- Registration Form
- Participant's Medical History & Physician's Statement Form
- Rules and Policies Compliance Form
- Authorization for Emergency Medical Treatment Form
- Participant's Application and Health History Form
- Participant's Liability Release Form

These carefully completed forms are mandatory for each year before participation can occur. For students enrolling for the first time, an on site evaluation is required. We will call to set an appointment upon receipt of your forms and fee. **A student will not be considered officially registered if any of these forms are missing or incomplete.**

As our enrollment grows, it becomes increasingly important to start and end each class on time. The ARRIVAL TIME is 10 minutes before your class is scheduled to begin.

To register, please complete the Registration Form. Be sure to include **3 choices** of class times. (We will assign the highest choice possible, while striving to keep classes compatible as well.) Send the enclosed forms and the registration fee, to the address on the registration form, postmarked **by May 1<sup>ST</sup>, 2008**. (If we receive more applications than we have spaces available, returning students will be given first priority up until the deadline date.) If you cannot get your **Participant's Medical History and Physician's Statement** filled in by your doctor in time for the registration deadline, simply mail it to us separately **by May 10<sup>th</sup>, 2008**.

Once we have received the participant's registration fee and the participant is scheduled for classes, the policy for cancellation is as follows: If you cancel before the session begins, and we ARE NOT able to fill your spot with another participant, you will be refunded 1/2 of the registration fee. If you cancel before the session begins and we ARE able to fill your space with another participant, you will be refunded the full registration fee. If you cancel at any time after the session has begun, we will be unable to refund any of the registration fee.

We hope to see you this Summer!

Angela Powers, Program Director

# BANBURY CROSS THERAPEUTIC EQUESTRIAN CENTER REGISTRATION FORM

Participant's Name: \_\_\_\_\_

Parent/Guardian's Name(if participant is under 18 or nor legally responsible) \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Session: **SUMMER 2008**

Registration Fee: **PART ONE-7 LESSONS \$140.00**

Registration Fee: **PART TWO-7 LESSONS \$140.00**

Registration Fee: **PART ONE & TWO-14 LESSONS \$280.00**

**IF YOU REGISTER FOR PART ONE AND PART TWO, REGISTRATION FEES MAY FOR BE PAID IN TWO INSTALLMENTS: \$140.00 AT THE TIME OF REGISTRATION AND \$140.00 BY July 9th.**

## Part One

Class Day and Time (Make 3 choices) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

## Part Two

Class Day and Time (Make 3 choices) 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

You will be notified by mail of class assignment and dates of first lessons.

(Please keep that information for future reference.)

I agree to the terms of registration and cancellation as stated above.

Signature of participant (if over 18 and legally responsible) \_\_\_\_\_

Signature of parent/guardian (if participant is under 18 or not legally responsible) \_\_\_\_\_

## Method of payment

Check payable to Banbury Cross in the amount of \$ \_\_\_\_\_ (Please do not send cash.)

Visa \_\_\_\_\_ Master Card \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card Holder's Signature \_\_\_\_\_

Mail all enclosed forms and session fee to:

## BANBURY CROSS THERAPEUTIC EQUESTRIAN CENTER

1223 Brauer Road  
Oxford, MI 48371

## TERMS OF CANCELLATION

Once we have received the participant's registration fee and the participant is scheduled for classes, the policy for cancellation is as follows: If you cancel before the session begins, and we ARE NOT able to fill your spot with another participant, you will be refunded 1/2 of the registration fee. If you cancel before the session begins and we ARE able to fill your space with another participant, you will be refunded the full registration fee. If you cancel at any time after the session has begun, we will be unable to refund any of the registration fees.

## NEED-BASED SCHOLARSHIPS

If the Banbury Cross class fees present a real financial hardship for you, please contact Ruth in our office concerning a possible need-based, full or partial scholarship. Your inquiry and/or scholarship will be kept completely confidential.



**NARHA**  
**North American Riding**  
**for the Handicapped**  
**Association**



**Banbury Cross**

**Therapeutic Equestrian Center**

2008 Participant's Application and Health History

**GENERAL INFORMATION**

Participant: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Gender: M F (circle one)

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative #: \_\_\_\_\_

Employer/School: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Phone: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

How did you hear about the program? \_\_\_\_\_

**HEALTH HISTORY**

*Please indicate current or past problems in the following areas:*

	<b>Y</b>	<b>N</b>	<b>Comments</b>
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Digestion			
Elimination			
Circulation			
Emotional			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			

What medications are you currently taking, including over-the-counter medications? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe your abilities/difficulties in the following areas (include assistance required or equipment needed):

**FUNCTION** (i.e. Mobility skills such as transfers, walking, wheelchair use, driving/bus riding)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SOCIAL** (i.e. Work/school including grade completed, leisure interests, relationships-family structure, support systems, companion animals, fears/concerns, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**GOALS** (i.e. Why are you applying for participation? What would you like to accomplish?)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PHOTO RELEASE

- DO
- DO NOT

Consent to and authorize the use and reproduction by Banbury Cross Therapeutic Equestrian Center of any and all photographs and any other audio/visual materials taken of participant for promotional material, educational activities, exhibitions or for any other use for the benefit of the program.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
Participant (if participant is over 18 and legally responsible)

Signature: \_\_\_\_\_  
Parent or Legal Guardian (if participant is under 18 or not legally responsible)



**North American Riding  
for the Handicapped  
Association**



# Banbury Cross

*Therapeutic Equestrian Center*

## 2008 Participant's Liability Release Form

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Parents or Guardian: \_\_\_\_\_

Address/Phone (if different than above): \_\_\_\_\_

School or Institution presently attending: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

### Liability Release

\_\_\_\_\_ (Participant's Name) would like to participate in the Banbury Cross Therapeutic Equestrian Center Program. I acknowledge the risks and potential for risks of horseback riding. However, I feel that the possible benefits to myself/my son/my daughter/my ward are greater than the risk assumed. I hereby, intending to be legally bound, for myself, my heirs and assigns, executors or administrators, waive and release forever all claims for damages against Banbury Cross Therapeutic Equestrian Center, its Board of Directors, Instructors, Therapists, Aides, Volunteers and/or Employees for any and all injuries and/or losses I/my son/my daughter/my ward may sustain while participating in Banbury Cross Therapeutic Equestrian Center's program.

Under the Michigan Equine Activity Liability Act, an equine professional is not liable for any injury to or the death of a participant in an equine activity resulting from an inherent risk of the equine activity.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

*Participant (if participant is over 18 and legally responsible)*

Signature: \_\_\_\_\_

*Parent or Legal Guardian (if participant is under 18 or not legally responsible)*



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**2008 Authorization for Emergency Medical Treatment Form**

Participant     Staff     Volunteer

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Medical Facility: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Allergies to medications: \_\_\_\_\_

Current Medications: \_\_\_\_\_

In the event of an emergency, contact:

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event emergency medical aid/treatment is required due to illness or injury during the process of receiving services, or while being on the property of the agency, I authorize Banbury Cross Therapeutic Equestrian Center to:

1. Secure and retain medical treatment and transportation if needed.
2. Release client records upon request to the authorized individual or agency involved in the medical emergency treatment.

**Consent Plan**

This authorization includes x-ray, surgery, hospitalization, medication and any treatment procedure deemed "life saving" by the physician. This provision will only be invoked if the person(s) above is unable to be reached.

Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
*(if over 18 and legally responsible)*

Consent Signature: \_\_\_\_\_  
*Parent or Legal Guardian (if is under 18 or not legally responsible)*

**Non-Consent Plan**

I do not give my consent for emergency medical treatment/aid in the case of illness or injury during the process of receiving services or while being on the property of the agency. In the event emergency treatment/aid is required, I wish the following procedures to take place:

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Date: \_\_\_\_\_ Consent Signature: \_\_\_\_\_  
*(if over 18 and legally responsible)*

Consent Signature: \_\_\_\_\_  
*Parent or Legal Guardian (if is under 18 or not legally responsible)*



# Banbury Cross

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(248) 628-RIDE

## 2008 Rules and Policies Compliance Form

### 1. LATE CLASS ARRIVALS

We have been experiencing an increasing number of late arrivals. Because of time restrictions, we are unable to prolong your class to compensate for the lost time. This is also causing a less obvious but more serious problem. According to our national safety standards, a certified instructor **must** be present during mounting. This means that if you/your participant is late, the instructor must leave the class-in-progress to do the mounting. This is resulting in a loss of instructional time (sometimes 10 minutes or more) to those participants who have arrived on time.

In fairness to volunteers and fellow participants, we urge you to make every effort to be IN THE BARN 10 minutes prior to your class time. If a late arrival is due to **unavoidable circumstances** we will accommodate you/your participant **only** if you arrive within the first 10 minutes of class time. After that time the class will be closed. Class fees will **not** be refunded for classes missed due to late arrivals. Please bear in mind that the 10-minute grace period is provided as a courtesy for exceptional situations only and should not be abused.

### 2. NO PETS ALLOWED ON THE PROPERTY

For the safety of everyone involved in Banbury Cross and the horses, you may not bring your pets to Banbury Cross. They may spook the horses and cause a serious accident.

### 3. FOOD AND BEVERAGES

The care and maintenance of the observation room is done by volunteers. If you bring food and/or beverages inside, be respectful of their efforts and of Banbury Cross' home. Use the trash receptacle provided. If something is spilled, please notify a staff member immediately.

### 4. 10MPH DRIVEWAY SPEED

Too many people are driving too fast in the driveway. At worst, **someone is going to get hurt**; at the very least, the driveway is being torn up. **Please keep your speed in the driveway BELOW 10 MPH.**

### 5. NO TALKING IN QUIET ZONE

Please limit the number of visitors that you bring on any one-day. Our program is very busy now, and our "visitor" space is very limited. Remember that we are dealing with horses, and **too much noise and confusion can become a safety issue. Please, DO NOT COMMUNICATE WITH YOUR PARTICIPANT DURING HIS OR HER LESSON**, with the exception of "cheering them on" during a game or race. **DO NOT TAP ON THE WINDOW.** We appreciate your cooperation in this matter. With our numbers growing, it is becoming increasingly difficult for the instructor and the participants to hear and stay focused on each other.

**6. YOU ARE RESPONSIBLE FOR YOUR CHILDREN AND/OR GUESTS AT ALL TIMES**

All children and/or guests who come to Banbury Cross with you, **MUST STAY WITH YOU AT ALL TIMES.** This includes the participants when they are not involved in a lesson. **All visitors must stay in the observation room.** (Please do not leave children in the observation room unattended. We are concerned that they could wander out the door, unnoticed.) **If you wish to go anywhere other than designated visitor areas, please check with a staff member.** If a friend or relative is ever coming with you or bringing your participant, you are responsible to make them aware of these guidelines before they come.

Please sign and return the form below stating that you have read, and agree to comply with, the rules and policies stated above. **Be sure to keep the above information for future reference.**

------(cut)-----

***2008 Rules and Policies Compliance Form***

Participants Name (please print)

\_\_\_\_\_

I have read, and agree to comply with, the Banbury Cross Therapeutic Equestrian Center Rules and Policies, numbers 1 through 6, as stated above:

Signature of participant (if over 18 and legally responsible)

\_\_\_\_\_

Signature of parent/guardian  
(if participant is under 18 or not legally responsible)

\_\_\_\_\_

Date \_\_\_\_\_



**North American Riding  
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*Therapeutic Equestrian Center*

Date: \_\_\_\_\_

Dear Physician:

Your patient, \_\_\_\_\_ (participant's name) is interested in participating in supervised equestrian activities.

In order to safely provide this service, our operating center requests that you complete/update the attached Medical History and Physician's Statement Form. Please note that the following conditions may suggest precautions and contraindications to therapeutic horseback riding. Therefore, when completing this form, please note whether these conditions are present, and to what degree.

**ORTHOPEDIC**

Atlantoaxial Instability – include neurologic symptoms  
Coxa Arthrosis  
Cranial Deficits  
Heterotopic Ossification/Myositis Ossificans  
Joint subluxation/dislocation  
Osteoporosis  
Pathologic Fractures  
Spinal Fusion/Fixation  
Spinal Instability/Abnormalities

**NEUROLOGIC**

Hydrocephalus/Shunt  
Seizure  
Spina Bifida/Chiari II malformation/Tethered Cord/Hydromyelia

**OTHER**

Age – under 4 years  
Indwelling Catheters  
Medications – i.e. photosensitivity  
Poor Endurance  
Skin Breakdown

**MEDICAL/PSYCHOLOGICAL**

Allergies  
Animal Abuse  
Physical/Sexual/Emotional Abuse  
Blood Pressure Control  
Dangerous to self or others  
Exacerbations of medical conditions  
Fire Settings  
Heart Conditions  
Hemophilia  
Medical Instability  
Migraines  
PVD  
Respiratory Compromise  
Recent Surgeries  
Substance Abuse  
Thought Control Disorders  
Weight Control Disorder

Thank you very much for your assistance. If you have any questions or concerns regarding this patient's participation in therapeutic equine activities, please feel free to contact the operating center at the address/phone indicated above.

Sincerely,

Angela Powers  
Program Director

## 2008 Participant's Medical History & Physician's Statement

Participant: \_\_\_\_\_ DOB: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Past/Prospective Surgeries: \_\_\_\_\_

Medications: \_\_\_\_\_

Seizure Type: \_\_\_\_\_ Controlled: Y N Date of Last Seizure: \_\_\_\_\_

Shunt Present: Y N Date of last revision: \_\_\_\_\_

Special Precautions/Needs: \_\_\_\_\_

Mobility: Independent Ambulation Y N      Assisted Ambulation Y N      Wheelchair Y N

Braces/Assistive Devices: \_\_\_\_\_

*For those with Down Syndrome:* AtlantoDens Interval X-rays, date: \_\_\_\_\_ Result: + --

Neurologic Symptoms of AtlantoAxial Instability: \_\_\_\_\_

**Please indicate current or past difficulties in the following systems/areas, including surgeries:**

	Y	N	Comments
Auditory			
Visual			
Tactile Sensation			
Speech			
Cardiac			
Circulatory			
Integumentary/Skin			
Immunity			
Pulmonary			
Neurologic			
Muscular			
Balance			
Orthopedic			
Allergies			
Learning Disability			
Cognitive			
Emotional/Psychological			
Pain			
Other			

To my knowledge, there is no reason why this person cannot participate in supervised equestrian activities. However, I understand that the therapeutic riding center will weigh the medical information above against the existing precautions and contraindications. I concur with a review of this person's abilities/limitations by a licensed/credentialed health professional (e.g. PT, OT, Speech, Psychologist, etc.) in the implementations of an effective equestrian program.

Name/Title: \_\_\_\_\_ MD DO NP PA Other \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (    ) \_\_\_\_\_ License/UPIN Number: \_\_\_\_\_