

Special Equestrians, Inc.

2800 Street Rd.,

P.O. Box 1001

Warrington, Pa. 18976

Phone: 215-918-1001 Fax: 215-918-9080

www.specialequestrians.org E-mail: specialeques@verizon.net

REGISTRATION FORM

Client: _____

DOB: _____ Age: _____

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Is rider over 21, legally competent and able to sign for him/herself? _____

If rider is not over 21, not legally competent and/or unable to sign for him/her, a legal guardian and not the rider must sign all of these forms.

Parent, Spouse or Guardian _____

Relationship: _____

Address: _____

School or Institution presently attending: _____

Base Service Unit (if applicable): _____

Special Equestrians conducts therapy five days a week. The more flexible you are the more likely it is that we can schedule you when an opening arises. Please specify times that you can come to ride.

Tuesday _____ Friday _____

Wednesday _____ Saturday _____

Thursday _____

PHOTO RELEASE (OPTIONAL)

I hereby consent to and authorize the use and reproduction by Special Equestrians, Inc., of any and all audio/visual/audiovisual materials taken of me for promotional purposes, teaching, seminars and exhibition display.

Signed: _____

Date: _____

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CONSENT FOR RELEASE OF INFORMATION

Special Equestrians' may request additional information for the purpose of developing an individual riding therapy program for the client named below. If we have your permission to obtain additional information from other therapeutic services, please complete this form.

I hereby authorize Special Equestrians Therapeutic Riding and Driving Program to receive information from the records of:

Client
Name _____

The information to be released is checked below:

YES	NO	
		Medical history from a physician
		Physical Therapy evaluation, assessment and program plan
		Occupational Therapy evaluation, assessment and program plan
		Speech Therapy evaluation, assessment and program plan
		Classroom Individual Education Plan (I.E.P.)
		Psychological evaluation
		Other:

Signed: _____ Date: _____

(If rider is not over 21, not legally competent and/or unable to sign for him/her, a legal guardian and not the rider must sign all of these forms.)

IMPORTANT

I agree to notify Special Equestrians, Inc. should the physical condition of the rider change at any time. Any operations or changes in medication must be made known to Special Equestrians immediately, and a new Prescription must be completed.

