



SIRE Hockley * 24161 Spring Dr. * Hockley, TX 77447
281-356-7588 * Fax 281-356-9462
SIRE Spring * 4610 Sloangate * Spring, TX 77373 * 281-353-6160
SIRE Fort Bend at RSSLC * 2100 Preston Street * Richmond, TX 77469 * 281-344-4308

*SIRE is a Premier Accredited Center through the
Professional Association of Therapeutic Horsemanship International (PATH INTL)*

REGISTRATION AND RELEASE FORM

SIRE SITE: Hockley Spring Richmond/Fort Bend

Client Information

Name: _____

Date of Birth: _____ Sex: _____ Height/Weight: _____

Diagnosis: _____ Date of Onset: _____

Address: _____

City/State/Zip: _____

Primary Contact Name & Relationship to client: _____

Primary Contact Phone Cell Home Work: _____
Check One

Alternate Contact Name & Relationship to client: _____

Alternate Phone #'s Cell Home Work _____
Check One

E-mail Address: _____

Client Occupation/Employer or School/Grade: _____

Parent/Guardian Information (If Applicable):

Father's Name: _____ Mother's Name: _____

Address (if different): _____

Father's Primary Phone Cell Home Work: _____
Check One

Father's Alternate Phone #'s Cell Home Work: _____
Check One

Father's E-mail Address: _____

Father's Occupation/Employer: _____

Mother's Primary Phone Cell Home Work: _____
Check One

Mother's Alternate Phone #'s Cell Home Work: _____
Check One

Mother's E-mail Address: _____

Mother's Occupation/Employer: _____

Guardian/Caregiver Information (If Applicable):

Name: _____

Address: _____

Primary Phone Cell Home Work: _____
Check One



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REGISTRATION AND RELEASE FORM (Cont.)

LIABILITY RELEASE

_____ (Client's Name) would like to participate in the SIRE, Inc. 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 SIRE, Inc., 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 SIRE, Inc.

WARNING - Under Texas law (Chapter 87, Civil Practice and Remedies Code), an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities.

Date: _____ Signature: _____
Client, Parent, or Guardian

PHOTO RELEASE: (Please indicate your preference by signing your consent or non-consent)

I authorize the use and reproduction by SIRE, Inc. of any and all photographs and any other audiovisual materials taken of me/my son/my daughter/my ward for promotional printed material, educational activities, exhibitions or for any other use for the benefit of the program.

I **consent** to use of photographs

Date: _____ Signature: _____
Client, Parent, or Guardian

I **do NOT consent** to use of photographs

Date: _____ Signature: _____
Client, Parent, or Guardian

Note: It is the policy of SIRE to protect and preserve the confidentiality of all Protected Information and SIRE will not use or disclose Protected Information without authorization unless disclosure is required by law. Protected Information includes (but is not limited to) names, mailing address, telephone numbers and email addresses.

By signing/placing my name on the signature line of this and following documents, I agree that my electronic signature is the legally binding equivalent to my handwritten signature. Furthermore, by typing your name, you are affirming to be the person whose signature appears below I will not, at any time in the future, renounce the validity of my electronic signature or claim that my electronic signature is not legally binding.



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Annual Health History and Personal Goals

Name: _____

Do you have any conditions, which might be affected by the weather (heat, cold), the environment (insect allergies, asthma, dirt), or the animals (allergies)? _____

Please explain any recent changes in health status: _____

Please list current medications: _____

Please list your personal goals for the next semester

Equestrian goals: _____

Functional/life skills goals: _____

Social goals: _____

Signature: _____ Date: _____

Print name and relationship: _____



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AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

SIRE SITE: Hockley Spring Richmond/Fort Bend

Client's Name: _____ Phone: _____

Address: _____

In the event of an emergency:

Contact: _____ Relationship _____ Phone: _____

Contact: _____ Relationship _____ Phone: _____

Contact: _____ Relationship _____ Phone: _____

Physician's Name: _____ Phone: _____

Preferred Medical Facility: _____

Health Insurance Co.: _____ Policy #: _____

Allergies, Current Meds: _____


CONSENT PLAN

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 SIRE, Inc. 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

This authorization includes x-ray, surgery, hospitalization, medication, and any treatment procedure deemed "lifesaving" by the physician. This provision will **only** be invoked if the persons listed above are unable to be reached.

Date: _____  _____

Client, Parent, or Guardian

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:

Date: _____  _____

Client, Parent, or Guardian



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Clients' Medical History Statement

• *Must be signed by Client/Parent/Guardian* •

Client Name: _____ M/F: _____ Date of Birth _____ Height _____ Weight _____

Diagnosis _____ Date of Onset _____

Seizure Type _____ Controlled _____ Date of last seizure _____

Medications _____

Shunt Present: Yes No Date of last shunt revision: _____

Past/Prospective surgeries: _____

Please indicate if client has a problem and/or surgeries in the following areas by checking Yes or No. If yes, please comment.

| Areas | Yes | No | Comments |
|---------------|-----|----|----------|
| Behavioral | | | |
| Auditory | | | |
| Visual | | | |
| Speech | | | |
| Cardiac | | | |
| Circulatory | | | |
| Pulmonary | | | |
| Neurological | | | |
| Muscular | | | |
| Orthopedic | | | |
| Allergies | | | |
| Learning | | | |
| Psychological | | | |
| Other | | | |

Mobility: Independent Ambulation Yes No, Crutches Yes No, Braces Yes No, Wheelchair Yes No

▶ **Client/Parent/Guardian Signature** _____

◀ **Date** _____



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Precautions & Contraindications

Precautions and Contraindications:

The following conditions, if present, may represent precautions or contraindications to therapeutic horseback riding. Please review this information, and if present, contact SIRE for more information.

ORTHOPEDIC

Atlantoaxial Instability
Coxa Arthrosis
Cranial Deficits
Osteoporosis
Heterotopic Ossification/Myositis
Joint subluxation/dislocations

NEUROLOGIC

Pathologic Fractures
Spinal Fusion/Fixation
Spinal Instability/Abnormalities
Seizure Disorder
Spina Bifida/Chiari II malformation/Tethered
Cord/Hydromyelia
Hydrocephalus/Shunt

OTHER

Indwelling Catheters
Skin Breakdown
Weight exceeds 200 pounds

MEDICAL/PSYCHOLOGICAL

Animal Abuse
Physical/Sexual/Emotional Abuse
Dangerous to self or others
Exacerbation's of medical conditions
Fire Settings
Heart Conditions
Hemophilia
Medical Instability
PVD
Respiratory Compromise
Recent Surgeries
Substance Abuse
Thought Control Disorders

Possible Reasons for Client Discharge

Please be advised of the following reasons that may lead to discharge from the riding program.

- The client's inability to maintain head and neck control while riding presents a safety concern.
- The client's inability to maintain sitting balance while riding presents a safety concern.
- The client exceeds a weight that can safely be managed by staff, volunteers, and/or horses.
- Uncontrolled and/or inappropriate behavior that constitutes a safety risk to client, volunteers, staff and/or horse.
- Any change in the client's medical, physical, cognitive, or emotional condition that makes therapeutic riding unsafe for the client, staff, volunteers and/or horse.
- Three scheduled appointments are missed without prior cancelation.
- Nonpayment of fees.

IT TAKES A VILLAGE (or a Barnful!!!)

Name: _____ Date: _____

Phone: _____ Email: _____ Site: _____

You may have heard the statement "It takes a village to raise a child." In SIRE's case, it takes a barnful of people of different skills, talents and contacts to insure that we can continue to provide the quality services our clients deserve. This optional page is to let us know about your special skills, talents, affiliations and desire to become more involved in SIRE. Thank you for taking the time to fill this out.

SPECIAL SKILLS: Please check any special skills, talents, or knowledge that you wish to share with SIRE.

- Carpentry Computer Technology Data Entry Electrical
Experienced Horse Trainer Finance General Office Graphic Design
Photography Plumbing Public Speaking Writing Other _____

AFFILIATIONS: We apply for grants and are willing to speak to companies, foundations, churches and organizations. It helps to know if we have volunteers who are affiliated with those groups.

Corporate/business affiliations: _____

Religious affiliation and location: _____

Civic and professional organization affiliations: _____

Other: _____

FUNDRAISERS: SIRE relies on the help of volunteers to plan our major fundraisers. Check below to be contacted about serving on an event committee.

____ **SIRE Gala:** Semi-formal gala held in the spring with dinner, dancing and live and silent auctions

____ **Swing for SIRE:** Golf tournament fundraiser

____ **Casino Night:** Silent auction, bingo, table games, and poker tournament!

____ **Saddle Up for SIRE:** Fundraiser trail ride held in October

Please list any other ways you would like to become more involved in SIRE.

GETTING TO KNOW YOU

Please fill out this page for our Rider Notebook. The Rider Notebook is for the volunteers to get to know a little about the riders they will be working with.

Date

SIRE Site: Hockley Spring Fort Bend

OPTIONAL PICTURE

Please send directly to Kelly@sire-htec.org

My full name is _____

Please call me _____ . My birth date is _____
(name I go by)

I began riding at SIRE on _____ (date).

Family members: _____

Pets: _____

My interests or hobbies are: _____

My goals for riding therapy are: _____

(Optional) Please supply any details about the rider you think might be helpful to the volunteers who will be working with him/her/you. (Speech, Vision, Comprehension)

Particular methods that this rider responds to: _____

