



Administrative Office*11211 Katy Freeway, Suite 660*Houston, TX 77079

281-356-7588*Fax 281-888-5269

SIRE Fort Bend 3227 McCrary Road* Richmond, TX 77046

SIRE Spring * 4610 Sloangate * Spring, TX 77373

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

REGISTRATION AND RELEASE FORM

SIRE SITE: Spring Richmond/Fort Bend

Client Information:

Name: _____

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

Diagnosis: _____ Date of Onset: _____

Address: _____

City/State/Zip: _____

Client Occupation/Employer or School/Grade: _____

Client Email: _____

Client Primary Phone (Cell, Home or Work): _____

Circle One

Parent/Guardian Information (If Applicable):

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

Address (if different): _____

Father's Primary Phone (Cell, Home or Work): _____

Circle One

Father's Alternate Phone (Cell, Home or Work): _____

Circle One

Father's Email Address: _____

Father's Occupation/Employer: _____

Mother's Primary Phone (Cell, Home or Work): _____

Circle One

Mother's Alternate Phone (Cell, Home or Work): _____

Circle One

Mother's Email Address: _____

Mother's Occupation/Employer: _____

Alternate Contact Name & Relationship to client: _____

Alternate Phone (Cell, Home or Work): _____

Circle One

E-mail Address: _____

Guardian/Caregiver Information (If Applicable):

Name: _____

Address: _____

Primary Phone (Cell, Home or Work): _____

Circle One



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: _____  _____
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: _____  _____
Client, Parent, or Guardian

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

Date: _____  _____
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.



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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: 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 "life saving" 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 and Physician's Statement

• *Must be signed by Physician and 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 patient 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 _____

*****PHYSICIAN MUST SIGN AND DATE THIS FORM BELOW*****

To my knowledge, there is no reason why this person cannot participate in supervised equine activities. However, I understand that SIRE will weigh the medical information above against the existing precautions and contraindications. Therefore I refer this person to SIRE for ongoing evaluation to determine eligibility for participation. **I have read the attached Precautions and Contraindications.**

**** FOR PERSONS WITH DOWN SYNDROME:**
 Neurologic symptoms of Atlanto Axial Instability. Present Absent

Please indicate any special precautions: _____

▶ Physician Signature _____
 ◀ Date _____

Physician Name (please print) _____ MD, DO, NP, PA Other _____

Address _____ Phone _____

City, ST, Zip _____



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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.



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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: Spring Fort Bend

My full name is _____

Please call me _____
(name I go by)

My birthday is _____

I began riding at SIRE on _____
(Date)

Attach photo (optional)

Family members: _____

Pets: _____

My interests/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 teaching methods that this rider responds to: _____



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Fees & Payments

Our vision is to help you meet your life goals through the healing power of the horse/human relationship. This is no small task and requires a lot of resources to maintain the standards of excellence SIRE achieves. Initial evaluation is \$120.00 this must be paid prior to evaluation and is non-refundable.

For the 2020-2021 year tuition will be based on participation for the full year. Fees are based on the day you ride and number of scheduled lessons.

Tuesday-	\$1885
Wednesday-	\$1885
Thursday-	\$1820
Friday-	\$1755
Saturday-	\$1625

Fees may be paid in 10 monthly payments August through May. A 5% discount is available for full year payment prior to August 31. Fees are due no later than the last day of each month (August-May). Summer sessions will be registered for and paid for separately.

Payment is due before services are provided. Please arrange a payment method before your first lesson. We suggest credit card payment on our website which is quick and easy or set up an automated bill pay with your bank. You may also make payments through the mail or at your SIRE riding center.

Please remember that when you enroll your lesson time is guaranteed. Therefore, lessons fees are charged until you withdraw from the program or take a formal leave of absence. We require a three week notice of withdrawal, which gives us time to fill the spot. Should you have any questions please contact Rebecca Martinez, Client Relations, at Rebecca@sire-htec.org or 346-261-1402