

TREC
8342 Platz Rd
Fairview, PA 16415
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Kimberly@treceerie.org
www.treceerie.org



<p style="text-align: center;">Office use only</p> Date Received: Contacted by: Date: Comments: Physician Ref. Payment:

2012 Enrollment Application and Health History

Please print neatly, complete all forms and return to Program Director at above address

GENERAL INFORMATION

Applicant: _____

DOB _____ Age _____ Height _____ (inches) Weight _____ (lbs.) Gender: M F
(6 yrs & Older) (180 lbs maximum)

Address _____ City _____ Zip _____

Phone _____ Alternative # _____ Email _____

Applicant's School/Employer _____

Applicant's Grade or Job Description _____

Parent/Legal Guardian _____

Address (if different from above) _____

Phone & Email (if different from above) _____

Mother's Employer _____ Occupation _____

Father's Employer _____ Occupation _____

How did you hear about TREC? _____

Does applicant have any previous riding experience? _____

If yes, please describe _____

Emergency Contact (other than parent)

_____ Relationship _____ Phone _____

HEALTH HISTORY

Diagnosis _____ Date of Onset _____

PHYSICAL FUNCTION (i.e. Mobility skills such as transfers, walking, wheelchair use, sitting balance)

Describe your abilities/difficulties (include assistance required or equipment needed)

Please indicate current or past special needs in the following areas:

	Y	N	Comments (Please be as specific as possible)
Vision			
Hearing			
Sensation			
Communication			
Heart			
Breathing			
Circulation			
Emotional/Mental Health			
Behavioral			
Pain			
Bone/Joint			
Muscular			
Thinking/Cognition			
Allergies			
Seizures			

MEDICATIONS (*include prescription, over-the-counter; name, dose and frequency*)

PSYCHO/SOCIAL FUNCTION (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?)

You will be contacted to set up an appointment with our instructors for an evaluation interview. Upon acceptance, rider will be required to submit the fee _____.

TREC CLIENT LIABILITY AND MEDICAL RELEASE

The undersigned, (as parent or guardian of _____, where applicable or if client is under 18 years of age), in consideration of the instruction given in the horseback riding program furnished by Therapeutic Riding Equestrian Center, does hereby release, discharge, and indemnify TREC from all claims which the undersigned (or said minor) may have now or in the future resulting from personal injury, death, or property damage to the person or property, caused or in any way growing out of acts of TREC. It is the understanding that TREC and its personnel shall take all reasonable precautions regarding the operation of the riding program. I intend to be legally bound by this agreement.

Further, the undersigned authorizes any licensed physician and/or emergency medical personnel to provide any medical/surgical care and/or hospitalization for the client, including anesthetic, which they determine necessary or advisable, pending receipt of specific consent from the undersigned.

_____ Date _____

Applicant's Signature

(Or signature of parent or guardian where applicable, or if applicant is under 18 years of age.)

PHOTO/PUBLICITY RELEASE

I hereby _____ Therapeutic Riding Equestrian Center permission to use my _____
give/ do not give _____ **own/son's/ daughter's**
Name or photographs in its public relations efforts for the primary purpose of promoting Therapeutic Riding Equestrian Center, and for soliciting financial support for TREC.

_____ Date _____

Applicant's Signature

(Or signature of parent or guardian where applicable, or if applicant is under 18 years of age.)

<p>Return completed forms to:</p> <p>TREC Program & Community Services Coordinator 8342 Platz Rd Fairview PA 16415</p>
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