



2012 Office use only
Date Received:
Contacted by:
Date:
Comments:
Physician Ref.
Payment:

TREC
 8342 Platz Rd
 Fairview, PA 16415
 Ph: (814) 474-5276
 Fax: (814) 474-5070
 Kimberly@treceerie.org
 www.treceerie.org

**THERAPEUTIC RIDING EQUESTRIAN CENTER
 RENEWAL APPLICATION, HEALTH INFORMATION AND RELEASE FORM**

Please print neatly. Complete both sides of the form.

Rider's Name _____

Date of Birth _____ Age _____

Height _____ (feet and/or inches) Weight _____ (Lbs. 180 lbs. max. - will be checked)

Address _____ City _____ Zip _____

Phone _____ Cell _____ Email _____

School/Employer _____

Parent/Legal Guardian _____

Address (If different from above) _____

Phone & Email (if different from above) _____

Mother's Employer _____ Occupation _____

Father's Employer _____ Occupation _____

Emergency Contact (other than parent) _____

Relationship _____ Phone _____

Day/Time Preferences (Please list several choices)

Request for Scholarship application _____

HEALTH INFORMATION

Diagnosis _____ Date of Onset _____

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

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

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

GOALS Update (What would you like to accomplish? i.e. social skills, fine motor skills, ride independently)

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.)

Return completed forms to:
TREC Program Director
8342 Platz Rd
Fairview PA 16415