



Client Registration Form

Please note: Our registration process has changed for 2020. If you would like to participate in all of our sessions, your forms are valid for the whole calendar year.

Each session you will be asked to verify that your information has remained the same.

Please check off which sessions you would like to register for:

Spring 2020

Summer Camp 2020

Fall 2020

Is this your first time riding with FSTRA? ___Yes ___No

General Information

Client's Full Name (First/Middle/Last) Birthday (D/MM/YYYY) Gender Height Weight

Presents with exceptionalities in the area of: ___ Emotional ___ Social ___ Cognitive ___ Physical

Diagnosis or other information: _____

Contact Information

Primary Contact Home Phone Cell Phone Email Address

Mailing Address (PO Box, Street Address, City, Province, Postal Code)

Emergency Contact Phone Number Relationship to Rider

Please check if applicable: Rider is over the age of 18 and has legal signing authority

Client has a legal guardian or parent

Legal Guardian/Parent Home Phone Cell Phone Email Address
if different from Primary Contact

Mailing Address (PO Box, Street Address, City, Province, Postal Code)

Medical Information

Please note: there is a separate medical form to be complete by the rider's physician or occupational therapist prior to the start of riding.

Family Doctor Doctors Phone Provincial Health Card # Expiry

Last Tetanus Shot Does the rider carry an epipen? Reason?

Allergies: _____

Has rider had a seizure? Yes _____ No

Date of last Seizure

In the unlikely event of an emergency where the client needs to be seen by medical professionals (paramedics etc), the Executive Director or Instructor needs to know if the rider takes any medications. In the event of an emergency, parents/guardians or the emergency contact will be contacted.

Medication Name	Medication Name	Medication Name	Medication Name

Is the rider currently followed by:

- an occupational therapist
- a physiotherapist

Do you give FSTRA permission to contact your physiotherapist or occupational therapist to discuss your medical information? If so, please provide their contact information below.

Goals and Outcomes

I would like the rider to show improvement in the following:

(Please check all that apply)

Physical	
Core/Trunk Strength	
Posture	
Balance	
Mobility	
Range of Motion	
Fine Motor Skills	

Cognitive	
Ability to Focus	
Sequencing	
Speech/Verbalization	
Color/Animal/Number Recognition	
Fewer Verbal Prompts	
Reading Comprehension	

Behavioral	
Following Directions	
Behavior Self-Regulation	
Decreased Outbursts	
Appropriate Responses	

Social	
Social Skills	
Conversational Skills	
Appropriate Interactions	
Respect & Courtesy	

Riding Skills	
Steer Independently	
Hold on with both hands	
Trotting	
Appropriate Voice Commands	
Posting (standing up and down)	
Start & Stop the horse Independently	
Attending to the direction of travel	
Demonstrate Enjoyment	
Stretch Effectively	
Sitting still in the saddle	

Emotional	
Depression	
Self-confidence	
Self-esteem	
Empathy	
Anxiety	
Anger Management	

Other: _____

My highest priority goal for the program is: _____



Riders Full Name: _____ Year: _____

Parent/Guardian Signing: _____

Please initial each box after reading. This waiver is valid for the stated calendar year.

FSTRA's Waiver and Disclaimer Policy (Waiver)

1) I understand that the named Rider's participation in Free Spirit Therapeutic Riding Association Inc., (FSTRA) and its activities and programs is completely voluntary, and I confirm that I have familiarized myself with FSTRA's program and activities in which the Rider will be participating.

2) I recognize that certain **hazards and dangers** are inherent in FSTRA's activities. These activities include, but are not limited to, equestrian vaulting, horseback riding, leading horses, equestrian games and stable management. I acknowledge that although FSTRA has taken safety measures to minimize the risk of injury (i.e. being bit, stepped on, kicked, falling off) to clients and their property, FSTRA cannot guarantee that the clients/riders or their property will be free from injury or damage. I, release FSTRA, Rohan Wood Stables, and their respective boards, directors, staff, agents and volunteers from any loss, personal injury, or damage that I/the named rider or my/his/her property suffer. I acknowledge the importance of clients & riders knowing and abiding by FSTRA's rules, regulations, and procedures for the safety of clients & riders.

3) **Medical Waiver** In case of emergency, I hereby give permission to any staff or volunteers of FSTRA to provide me/the named rider with the proper and necessary first aid and medical treatment. My signature on this application shall give such staff or volunteers of FSTRA the right to approve and obtain medical attention necessary for my/the rider's welfare and good health including, but not limited to, ordering injection, anesthesia or surgery. In such situation FSTRA will attempt to contact the Emergency Contact Person as soon as possible. I agree to be responsible for any expenses that may result from such medical services including but not limited to, any ambulatory charges.

4) **Release of Information** I hereby give permission for the information on FSTRA's forms (Client Registration, Medical form, Goal Sheets) to be stored and used for FSTRA's purposes. I understand that the information will be used for direct mailings for client/rider follow-up.

*** Registration will not be accepted without this signature***

Date: _____ Participant's/Guardian's Name: _____

Signature: _____



Riders Full Name: _____ Year: _____

Parent/Guardian Signing: _____

Please initial each box after reading. This waiver is valid for the stated calendar year.

FSTRA's Waiver and Disclaimer Policy (Policies)

1) Bodily Contact Policy

Due to the nature of therapeutic riding, I understand that instructors and trained volunteers may need to assist the named Rider when mounting or riding a horse. It may be necessary for them to lift the named Rider, correct the posture by placing hands at the front or back of the trunk, or to correct leg and hand positions. Any bodily contact provided by trained staff will be taken with the utmost discretion. It may be necessary to physically remove the named Rider from the group due to behavioral or other concerns. It is understood that this is part of the therapy/recreation session to which the named Rider has consented.

2) Behavior Policy

Any behavior that puts the named Rider & other rider(s), horse(s), volunteers or staff at risk such as: aggression, violence, unsafe riding practices, bullying, sexual aggression and any other behavior deemed inappropriate at the coach's discretion will be grounds for immediate dismissal from the program.

3) Goals Policy & Basic Requirements

I understand that in order to continue in FSTRA programs, FSTRA requires that myself/the named rider meet a significant portion of the goals that were set by the coach and myself/rider during the intake meeting. If a significant portion of goals are not met, nor the basic requirements to ride (Basic Requirements 1) Be able to hold strap with at least one hand 2) Be able to carry and hold a prop, 3) Sit balanced in the saddle, 4) No involuntary dismounts 5) Client must meet a portion of their own goals set in the intake meeting and demonstrate progress over time. 6) Client must fit our weight requirement of 180lbs (dictated by CanTRA), this may mean termination of my/rider's involvement in the FSTRA therapeutic riding program.

4) Refund/Cancellation Policy

The Free Spirit Therapeutic Riding Association reserves the right to dismiss without refund any client/rider whose behavior is deemed unsuitable, who appears to have rejected the reasonable controls of FSTRA in their opinion and dismiss a client if said client is a hazard to the safety and rights of others involved in FSTRA. There will be no refund if you/the rider misses lessons caused by an illness unless provided with a doctor's note. A **full refund** of a 12 week session will be given only in the event of the cancellation occurring **1 week** prior to the 12 week session beginning. A full refund will **NOT** be provided once the 12 week session has begun.

*** Registration will not be accepted without this signature***

Date: _____ Participant's/Guardian's Name: _____

Signature: _____

Picture/Video Release

I, _____ permit the use of videos and/or pictures
Name of guardian/parent

of _____ in promoting FSTRA through therapeutic riding
Name of rider/participant

activities and programs.

Signature of Legal Guardian/Parent *Date*
or signature of rider if they have legal signing authority.

Consent to Receive Emails

By signing below I am consenting to receiving promotional emails and newsletters from the Free Spirit Therapeutic Riding Association.

Signature of Legal Guardian/Parent *Date*
or signature of rider if they have legal signing authority.