



58800 East 360 Road  
Jay, Oklahoma 74346  
(918) 786-2788  
[www.equispiritriding.com](http://www.equispiritriding.com)

**REGISTRATION FORM**

Client: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Is rider over 21, legally competent and able to sign for him/herself? \_\_\_\_\_

If rider is not over 21, not legally competent and unable to sign for him/her, a legal guardian and not the rider must sign all of these forms.

Parent, Spouse or Guardian \_\_\_\_\_

Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

EquiSpirit conducts therapy five days a week. The more flexible you are the more likely it is that we can schedule you when an opening arises. Please specify times that you can come to ride.

Tuesday \_\_\_\_\_ Friday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Saturday \_\_\_\_\_  
Thursday \_\_\_\_\_

**PHOTO RELEASE (OPTIONAL)**

I hereby consent to and authorize the use and reproduction by EquiSpirit Inc., of any and all audio/visual/audiovisual materials taken of me for promotional purposes, teaching, seminars and exhibition display.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



**CONSENT FOR RELEASE OF INFORMATION**

EquiSpirit may request additional information for the purpose of developing an individual riding therapy program for the client named below. If we have your permission to obtain additional information from other therapeutic services, please complete this form.

I hereby authorize Special EquiSpirit Riding Academy to receive information from the records of:

Client Name \_\_\_\_\_

The information to be released is checked below:

YES	NO	
		Medical history from a physician
		Physical Therapy evaluation, assessment and program plan
		Occupational Therapy evaluation, assessment and program plan
		Speech Therapy evaluation, assessment and program plan
		Classroom Individual Education Plan (I.E.P.)
		Psychological evaluation
		Other:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Client (or Parent/Guardian, if client is under 18 years of age)

**IMPORTANT**

**I agree to notify EquiSpirit Riding Academy, Inc. should the physical condition of the rider change at any time. Any operations or changes in medication must be made known to EquiSpirit immediately, and a new Prescription must be completed.**