



RIVERWOOD THERAPEUTIC RIDING CENTER
ANNUAL STUDENT INFORMATION FORM

In order to comply with PATH, Intl. standards, we must update our student information annually. Please complete **all** information on this form and indicate any changes to you/your child's information that may have occurred within the last year.

Student Name: _____

Age: _____ Height: _____ Weight: _____

Parent/Legal Guardian Name(s): *(For Minor Riders)* _____

Address: _____ City: _____

State _____ Zip _____ E-mail Address: _____

Primary Phone #: _____ Alternate Phone #: _____

Parent/Guardian Work Number (Please indicate which parent): _____

Emergency Contact Person(s): _____

Emergency Contact Phone Number(s): _____

Physician Name _____ Phone _____

Preferred Medical Facility _____

Health Insurance Co. _____ Policy# _____

Are there any recent medical changes (within the past year) that may affect you/your child's ability while riding? (E.g. seizures, medications (including botox), therapy treatments, mobility status, etc...) Please explain:

Have you/your child had any type of surgery in the past year? If so, please explain. (If you/your child have had surgery, please fill out our surgery release form)

Parent /Legal Guardian Signature *(For Minor Riders)* _____ Date: _____

Adult Rider Signature _____ Date: _____