



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: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

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: \_\_\_\_\_