

Handi-Riders

Rider Information Update

In an effort to ensure that our record information is most up to date and we are best able to meet the needs of our participants , we would like you to take a few minutes to provide us with some updated information about the individual who will be participating in our program.

Please not changes in address, phone number or emergency contact information, if any.

Address: _____

Phone Number/s: _____

Emergency contact Information: _____

Participant Name: _____ DOB: _____

Height: _____ Weight: _____ Diagnosis: _____

Recent or Planned Surgeries: _____

Current Medications: _____

Seizures: Y N If yes, date & type of last seizure: _____

Special Needs/Precautions: _____

Has there been any change in the participating rider's condition or abilities since s/he last participated in Handi-Riders? If yes, please explain.

What do you hope to accomplish by participating or having your child participate in Handi-Riders?

Any other special notes or considerations we should be aware of? _____

Signature: _____ Date: _____