

Rider Information Update

Mitey Riders 2024-2025

Rider Name: _____ Class Day/Time: _____

Rider's Address

Street

Address: _____ City/State/Zip: _____

School: _____

Mother Name: _____ Preferred Phone #: _____

Father Name: _____ Preferred Phone #: _____

CAP Worker/Aide Name: _____ Cap Worker/Aide Phone Number: _____

Emergency Contact: _____

Phone: _____

Relationship to Rider: _____

Best Email(s) for Program Communications: _____

Health Update

Current Height: _____ Weight: _____

Please describe any changes to your rider's health since last year. Note changes in capabilities, medication, seizure risks, etc. to help instructors plan for your child's sessions. **A physician clearance is needed before the start of each riding season.**

New Medications: _____

Goals

Goals for upcoming riding season: _____

Parent/Guardian Signature: _____ Date: _____