

Rider Information Update

Mitey Riders 2025-2026

Rider Name: _____

Class Day/Time: _____

Address: _____ City/State/Zip: _____

School: _____

Mother's Name: _____ Preferred Phone #: _____

Father's 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

Height*: _____ Weight*: _____

*A horse cannot be assigned to your rider without current height and weight information.

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.

New Medications: _____

Goals

Goals for upcoming riding season: _____

I have updated my rider information as well as seizure form if applicable. **Parent signature required below:**

Parent/Guardian Signature: _____

Date: _____