

RIDER UPDATE FORM

To comply with PATH Intl standards and our own communication needs, Great and Small **must** annually update all your information. Please complete the first two lines, then **either** check the “no changes” box and **sign and date at the bottom** **or** specify your changes, such as **phone numbers or e-mail**, and **then sign and date at the bottom**. Please return this form to Karen Brittle ASAP.

RECEIPT OF THIS DOCUMENT BY 9/5/17 IS REQUIRED TO CONTINUE RIDING AT GREAT AND SMALL.

Thank you for your time and cooperation!

NAME: LAST FIRST MIDDLE

HEIGHT WEIGHT DIAGNOSIS

I have read and understood the NEW Rider Manual and agree to follow its terms and conditions.

NONE OF MY INFORMATION HAS CHANGED. (Please sign below.)

THE FOLLOWING INFORMATION HAS CHANGED:

ADDRESS CITY STATE ZIP CODE

HOME NO. CELL NO. EMAIL

EMPLOYER OR SCHOOL WORK NO.

PARENT/GUARDIAN NAME PHONE NO.

MEDICAL INFORMATION:

EMERGENCY CONTACT PHONE NO.

MEDICAL CONDITIONS REQUIRING SPECIAL PRECAUTIONS

MEDICATIONS AND DOSAGE ALL KNOWN ALLERGIES

INSURANCE CARRIER _____ POLICY NO. _____

ADDITIONAL CHANGES: _____

By signing below you are formally renewing any and all previously provided information, agreements, releases and consents unless otherwise specified above. This includes your liability release, emergency medical consent, and photo release.

PARTICIPANT/GUARDIAN SIGNATURE: _____ DATE: _____