220 Leap Street
Egg Harbor Twp, NJ 08234

hearts INC
THERAPEUTIC RIDING CENTER
Humans + Horses = Positive Changes

(609) 703-9130
info@heartstrc.org

Annual Update of Information

Date:_____

Participant Name_____ **Height**_____ **Weight**_____

Address_____ **Town**_____ **State**_____ **Zip**_____

Phone# _____ **Alternative#**_____

Email:_____

If there has been a change to any of the following information please describe below

- **Emergency Contacts**
- **Medical History**

_____

_____

_____

_____

_____

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_____

*ALL RIDERS WITH DOWN'S SYNDROME MUST PROVIDE HAVE A PHYSICIAN COMPLETE THE FOLLOWING:

Neurologic Symptoms of Atlantoaxial Instability: □Present □ Absent

This person is not medically precluded from participation in equine-assisted activities and/or therapies. I understand that the PATH Intl. Center will weigh the medical information given against the existing precautions and contraindications. Therefore, I refer this person to the PATH Intl. Center for ongoing evaluation to determine eligibility for participation.

Name/Title: _____ MD DO NP PA Other _____

Signature: _____ Date: _____

Address_____

Phone: (_____)_____ License/UPIN Number:_____