

Participant Annual Update 2024

Name of Participant: _____ Date: _____
DOB: _____ Current School/Employer: _____
Parent/Guardian/Caregiver: _____
Current Address: _____
Daytime Phone: _____ Evening Phone: _____
Cell Phone: _____ Email: _____
Name of daytime caregiver (if different): _____
Address and phone of daytime caregiver: _____

Emergency Contact (not a parent): _____ Phone: _____
Current Primary Physician: _____
Physician's Phone Number: _____

Please initial and date next to the following items:

Initial ____/Date ____ I agree to and affirm all policies of Ivey Ranch Park Equestrian Center and agree to meet the financial obligations necessary to participate.

Initial ____/Date ____ I agree to and affirm the previously signed Waiver and Indemnity Agreement in its entirety as it is currently maintained in my/my student's file.

Initial ____/Date ____ I agree to and affirm the previously signed Emergency Medical Consent form in its entirety as it is currently maintained in my/my student's file.

Initial ____/Date ____ I have received and read the concussion and head injury information sheet and agree to abide by the concussion protocol as established by the California Interscholastic Federation and adopted by Ivey Ranch Park Equestrian Center.

Initial ____/Date ____ I agree to and affirm the previously signed Media Release as part of my/my student's initial application as it is currently maintained in my/my student's file.

Please contact the office if you would like to request a copy of a previously signed agreement for your records as it is maintained in our files. We would be happy to supply these for you upon request.

I hereby certify that the above information is correct and valid.

Signature of Parent/Guardian or Participant over the age of 18

Date