



Helen Woodward Animal Center Therapeutic Riding Program
Emergency Contact Update

These forms help us to meet PATH, Intl. standards, and help ensure a safe riding environment for all our participants. Please fill out carefully and legibly. Thank you!

Date: _____

Rider Name: _____

Parent/Guardian name: _____

Address: _____

City, State, Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____

Emergency Contact #1: _____
(Other than Parent/Guardian listed above)

Primary Phone: _____ Secondary Phone: _____

Emergency Contact #2: _____
(Other than Parent/Guardian listed above)

Primary Phone: _____ Secondary Phone: _____