



Participant Renewal Form

Please make corrections/changes from last year's information.

Send to MESA at:

PO Box 516, Pinedale, WY 82941

or Email to subletterides@gmail.com

Participant Name: _____

Date: _____



Please fill out the form below to enroll your rider this year!



<p>Height: _____ Weight: _____ DOB: _____</p> <p>Mailing Address: _____</p> <p>Primary Phone: _____</p> <p>Alt Phone: _____</p> <p>Email: _____</p>	<p>EMERGENCY CONTACT INFORMATION (If different from Parent/Guardian/Caregiver)</p> <p>Name: _____</p> <p>Relation: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p>
<p>PARENT/GUARDIAN CONTACT INFORMATION</p> <p>Name: _____</p> <p>Relation: _____</p> <p>Address: _____</p> <p>Home Phone: _____</p> <p>Cell Phone: _____</p> <p>Work Phone: _____</p> <p>Email: _____</p>	<p>GOALS:</p> <p>Participant's Life Goals: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>MESA Goals This Year: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>

General Information - PLEASE FILL OUT EACH YEAR:

Favorite activities, hobbies or topics? _____

Favorite Color: _____ Favorite TV/Movie Characters: _____

Favorite Music: _____ Favorite Type of Animal or Have Pets? _____

Other Favorite Things / Interests: _____

Any fears or dislikes? _____

Family Do's and Don'ts: _____

Anything else we should know? _____

Dietary Restrictions: _____

Please note any concerns or changes below.

Behavioral & Emotional: _____ No Concern _____ No Changes _____ Yes, please explain and successful intervention strategies: _____

Physical: _____ No Concern _____ No Changes _____ Yes, please explain changes in limitations:

Sensory: _____ No Concern _____ No Changes _____ Yes, please explain changes in limitations:

Cognition & Processing: _____ No Concern _____ No Changes _____ Yes, please explain changes in limitations:

Allergies : _____ No Concern _____ No Changes _____ Yes, please explain changes:

Personal Care/Independence: _____ No Concern _____ No Changes _____ Yes, please explain changes:

Medications: _____ No Concern _____ No Changes _____ Yes, please explain changes and side effects: _____



Forms Needed Prior to Riding

- _____ This Participant Update Form
- _____ Equine Liability Release /Waiver
- _____ Media Consent/ Participation Agreement Form
- _____ Updated Physician's Statement (two-sided) or copy of school sports or SOW physical
- _____ Authorization for Medical Treatment Form

ALL FORMS CAN BE FOUND ON THE MESA WEBSITE: WWW.MESARIDES.ORG