

## Participant Annual Update 2026

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