



Xenophon Therapeutic Riding Center  
P.O. Box 16 • Orinda • CA • 94563  
(510) 459-8116 or (925) 377-0871



## Student Update Form

Student: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternative Phone: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Please indicate if there is any change in health or physical function from last year:

\_\_\_\_\_  
\_\_\_\_\_

I would like to keep the same day and time as last year

I would like to change the lesson day and/or time to: \_\_\_\_\_  
(we will do our best to accommodate you, but we cannot guarantee the change)

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Student/Parent/Legal Guardian

Please fill out this form and return by mail to:

Xenophon Program Director  
P.O. Box 16  
Orinda, CA 94563

We must have this update on file in order for you/your child to ride.