



## 2021 | Annual Renewal Form

PATH, International standards require LTR to update all rider information annually. **By signing below, you are formally renewing any and all previously-provided information, agreements, releases, affirmations, and consents, unless otherwise specified. This includes the Medical History & Physician's Statement, Rider Information, and Health History forms.**

Participant's Name: \_\_\_\_\_ Current Weight: \_\_\_\_\_

Parent/Guardian's Name (if applicable): \_\_\_\_\_

None of my participant information has changed.

I have indicated changes to my participant information below.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(Participant if over 18 and legally responsible—or—parent/legal guardian if participant is under 18 or not legally responsible)*

Printed Name: \_\_\_\_\_



### Please complete this section if ANY of the following information has changed:

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

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

#### ***In the event of an emergency, contact:***

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Date of Change: \_\_\_\_\_

Recent Surgeries or Hospitalizations: \_\_\_\_\_

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

Seizure Type: \_\_\_\_\_ Controlled: \_\_\_Y\_\_\_N Date of Last Seizure \_\_\_\_\_

Shunt Present: \_\_\_\_\_ Date of Last Revision: \_\_\_\_\_

Indwelling Catheters or Spinal Rods Present: \_\_\_Y\_\_\_N Location: \_\_\_\_\_

Mobility: Independent \_\_\_Y\_\_\_N Assisted \_\_\_Y\_\_\_N Wheelchair \_\_\_Y\_\_\_N

Braces/Assistive Devices: \_\_\_\_\_

Other changes LTR should know about (health, behavior, mobility, etc.): \_\_\_\_\_

**Please return the completed form to Jan V. NO LATER than May 1.**