

RIDER REGISTRATION FORM

Personal Details - Please complete all sections and boxes

Name

Address Post code

Contact email address:

Tel: (Home) Mobile:

Date of Birth Weight

Height:

Have you (or the person you are signing for) ever suffered a serious injury or discomfort whilst riding? Yes No

If yes, please describe

Please detail ANY disability or medical conditions that may affect your ability to ride or which your instructor should be made aware of in case of emergency (e.g.back problems,diabetes)

Contact details in case of emergency: Tel No:
Name:

Riding Ability - you MUST tick all boxes that apply

I consider myself (or the person you are signing on behalf as a minor) to be a:
Beginner Novice Intermediate Advanced

How many times have you had riding lessons in the last 12 months?
None Less than 5 5 - 10 10 +

What do you believe yours or the person riding' capabilities on an average horse or pony to be?
Riding at a walk Trotting with stirrups Trotting without stirrups

Cantering Galloping Riding X country jumps

Riding over jumps up to 0.5m (18") Riding over jumps up to 0.75m (30")

Declaration

I understand that the information I have given will be held in accordance with the Data Protection Act 1998 but may also be made available to insurers and other concerned parties in the event of any injury or accident. **I acknowledge THAT RIDING IS A RISK SPORT AND HOLDS POTENTIAL DANGER, and that all horses may react unpredictably on occasions.** I understand I must obey the instructions of the ride escort or instructor. I reserve the right not to ride a horse allocated to me (or my child) and or request a change in instructor.

I confirm to the best of my knowledge all the details are correct. **A parent or guardian of riders under the age of 16 must sign this form.**

If signing on behalf of a rider please state relationship to rider:

Signature Date

Print name

For information and marketing purposes please indicate how you heard of us
Internet Personal recommendation Other

OFFICE USE ONLY

To be completed by instructor/supervisor on behalf of the equestrian establishment.
I have assessed this person and agree with their judgment of their capabilities or have amended accordingly.

Signature: Date:

Print name: