

## RIDER REGISTRATION FORM

### **CONFIDENTIAL - Please complete ALL sections**

First name:		Surname:			
Address:				Post code:	
Email:					
Tel: (Home)			Tel: (Mobile)		
Date of Birth:		Age:	Weight:		Height:
Have you (or the person you are signing for) ever suffered a serious injury or discomfort while riding YES / NO If YES, please describe					
Please detail <b>ANY</b> disability or medical condition 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):					

### **Emergency Contact**

Contact name & relationship:
Tel:

### **Riding Ability - you MUST tick all boxes that apply**

I consider myself (or the person riding for who I am signing on behalf as a minor) to be a:									
Never ridden before	<input type="checkbox"/>	Beginner	<input type="checkbox"/>	Novice	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>
How many times have you had riding lessons in the last 12 months?									
None	<input type="checkbox"/>	Less than 5	<input type="checkbox"/>	5 - 10	<input type="checkbox"/>	10 - 25	<input type="checkbox"/>	25 +	<input type="checkbox"/>
What do you believe yours or the person riding capabilities on an average horse or pony to be?									
Riding at a walk	<input type="checkbox"/>	Trotting with stirrups	<input type="checkbox"/>	Trotting without stirrups	<input type="checkbox"/>	Cantering	<input type="checkbox"/>	Galloping	<input type="checkbox"/>
Hacking	<input type="checkbox"/>	Riding over jumps up to 0.5m(18")	<input type="checkbox"/>	Riding over jumps up to 0.75m(30")	<input type="checkbox"/>	Riding X C jumps	<input type="checkbox"/>		

### **Declaration**

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 and must comply with the Health & Safety requirements of the establishment.  
**DATA PROTECTION ACT 1998:** Statement: 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 agree to the Terms & Conditions of Jill Carezza (Cotswolds Riding). Copies available online or on request  
I confirm to the best of my knowledge all the above details are correct. **A parent or guardian of riders under the age of 18 must sign this form.**

If signing on behalf of a rider please state relationship to rider:		
Signature:	Print name:	Date:

For information and marketing purposes please indicate how you heard of us							
Internet	<input type="checkbox"/>	Personal recommendation	<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Other	<input type="checkbox"/>

### **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:	Print Name:	Date:
Additional notes		