

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 ANY 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 16 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		