

RIDER REGISTRATION FORM



Complete the form below

■ 2021/22 Client Information Form:
CONFIDENTIAL (Please complete all sections and boxes)

■ Rider Registration

First Name :

Surname : Date Of Birth :
D D M M Y Y

Full Address :

Nationality : Postcode :

Religion : City / Country :

E-Mail :

Driver License : Yes No Tel No :

Age : Height : Weight :

■ Riding Information

Have you (Or the person you are signing for) ever suffered a serious injury or discomfort whilst riding, or been advised not to ride? : 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 aware of in case of emergency:

■ Emergency Contact Information

Contact Name : Tel No :

Relationship : Tel No :

Doctors Name : Tel No :

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■ **2021/22 Client Information Form:**
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■ **Riding Ability** Please tick all boxes that apply

I consider myself (Or the person I am signing for) to be a :

Never ridden before : Beginner : Novice : Intermediate : Advanced :

How many times have you/rider ridden in last 12 months :

None : Under 12 : 12-40 : 40+ :

What do you believe yours, or the persons riding' capabilities to be on a horse or pony :

Riding at walk : Trotting with stirrups : Trotting without stirrups :

Cantering : Hacking : Riding over XC jumps :

Riding over jumps up to 50cm : Riding over jumps up to 75cm : Riding over jumps 80cm + :

■ **Disclaimer**

Riders under 16 years of age: I accept full responsibility for my child and confirm that the above pre-assesed abilities are correct. I accept my child rides at his/her own risk.

Riders aged 16 years and over: I confirm that the above pre-assesed abilities are correct and I agree that I ride entirely at my own risk.

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 understand that I must obey the instructions of the instructor and must comply with the Health & safety requirements of the establishment. I reserve the right not to ride a horse or pony allocated to me or my child and or request a change of instructor.

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

I acknowledge that RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER, and that all horses may react unpredictably on occasions.

Signature

Print Name

If signing on behalf of a rider, please state name of rider

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