

# RIDER REGISTRATION FORM

**CONFIDENTIAL- Please complete all sections and boxes**

First Name		Surname	
Address:		Tel: (home) Tel: (mobile):	
Email:		Age:	
Date of birth:		Weight:	
Height:		Occupation	

Have you (or the person you are signing for) ever suffered a serious injury or discomfort while riding or been advised not to ride?

Yes

No

If yes, please describe:

Please describe ANY disabilities or medical conditions that may affect your ability to ride or which your instructor should be aware of in cause of emergency:

## EMERGENCY CONTACT & DOCTOR DETAILS

Contact name & relation		Tel:	
Doctors name		Tel:	

## RIDING ABILITY - you MUST tick all boxes that apply

I consider myself (or the person for who I am signing on behalf as a minor) 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 person riding' capabilities to be on a horse or pony to be?

Riding at a walk	Trotting with stirrups	Cantering	Over jumps 0.75m (30")
Hacking	Trotting without stirrups	Riding over jumps up to 0.5m (18")	Riding over cross country jumps

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

**Riders age 16yrs and over:** I confirm that the above pre-assessed 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 instruction of the instructor and must comply with the health and safety requirements of the establishment. I reserve the right not ride a horse allocated to me or my child and or request a change of instructor.

I confirm that to the best of my knowledge all the above details are correct. A parent or guardian of riders under 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.

If signing on behalf of a rider please state relation ship to rider:

Signature:

Print name:

Date:

## TO BE COMPLETED BY INSTRUCTOR/ SUPERVISOR ON BEHALF OF THE EQUESTRAIN ESTABLISHMENT

This client has been assessed and our judgment of their capabilities is as follows:

Complete beginner (lead rein/lunge)	Beginner (beginning walk & trot independently)
Novice (walk, trot, canter independently)	Intermediate (jumping stage 1)
Advanced (stage 2, equivalent and above)	

### Assessment lesson content:

Walk	trot	Canter	w/o stirrups	Jump	lateral
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### Office use- assessment lesson

Horse used	Lesson type	Date	Time
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