

RIDER REGISTRATION FORM



Home Address _____ Holiday Address _____

Telephone No: _____ Mobile No: _____

E-mail: _____

How did you hear about us? _____

Contact details in case of emergency

Name _____ Relationship _____

Telephone No: _____

Full Name	Date Of Birth	Occupation	Height & Weight (or clothes size)	Have you suffered any injury whilst riding?	Any medical conditions? .eg. asthma, diabetes, epilepsy, autism, ADHD...
1.				Y/N	
2.				Y/N	
3.				Y/N	
4.				Y/N	

Rider Abilities	Rider 1	Rider 2	Rider 3	Rider 4
Complete beginner (never ridden)				
Beginner (walk and trot)				
Novice (walk, trot and canter)				
Intermediate (walk, trot, canter, gallop and jump)				
How many times have you ridden in the last 12 months?				

Riders under 16 years 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/her own risk.

Riders aged 16 years 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 instructor and must comply with the Health and Safety requirements of the establishment. I confirm that to the best of my knowledge all the above details are correct. A parent/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.**

Signed: _____

Date: _____