



RIDER REGISTRATION FORM
CONFIDENTIAL (PLEASE COMPLETE ALL BOXES)

First Name: _____ Surname: _____
DOB: _____ Tel (home): _____
Age: _____ Tel (mob): _____
Weight: _____ Height: _____

Address: _____

Post Code: _____

Have you ever suffered discomfort or pain whilst riding? YES/NO

If Yes, can you provide details:

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 an emergency (e.g. Back problems, diabetes, pregnancy)

EMERGENCY CONTACT DETAILS

First Name: _____ Tel no: _____

Relationship with person:

Continue on next page



RIDING ABILITIES (Tick ALL that apply)

I consider myself to be a:

Complete Beginner	<input type="checkbox"/>	Novice	<input type="checkbox"/>
Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>

I consider that I can confidently do the following on a horse/pony:

Riding at Walk Trotting Cantering Hacking

I acknowledge THAT RIDING IS A RISK SPORT AND HOLDS POTENTIAL DANGER and that all horses might react unpredictably on occasions. I understand that I must obey the instructions of the instructor and must comply with the Health and Safety requirements of the establishment. I reserve the right not to ride a horse allocated to me, and to request a change of instructor. I confirm that to 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.

Riders Aged 16 years and Over:	I confirm that the above abilities are correct and that I agree that I ride entirely at my own risk.
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Riders Under 16 years of age:	I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct.
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DATA PROTECTION ACT 1998: Statement: I understand 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 parties in the event of any injury or accident.

Signature _____ **Date:** _____

Print Name: _____

Relationship with person (if signing on behalf of rider): _____

Office use only:
Date/Time of first ride: _____ **Horse/Pony Ridden :** _____

Notes: _____
