

RIDING SCHOOL CLIENT INFORMATION FORM



Welcome to our Riding School. We are delighted to be teaching you!

We try to keep our lesson prices as low as we can. To help us do so, we implement strict Cancellation and Lateness Policies, copies of which are on display on our main notice board. In signing this Client Information Form, you are acknowledging that you are bound by the terms of these policies.

SECTION ONE - PERSONAL DETAILS (CONFIDENTIAL)

Title (eg. Mr) Forename Surname

Home Address

_____ Postcode _____

Daytime Tel. _____ Mobile Tel. _____

Evening Tel. _____ Email _____

Date of Birth Height

____ / ____ / ____ _____

Age Weight

_____ _____

Deen City Farm's Riding School is keen to accommodate as many riders as it can. However, it does have a weight restriction in order to safeguard our horses' welfare. You may note that our normal weight restriction of around 11 stone is low in comparison to other Riding Schools.

In order to ride at the Farm, we will have to weigh our clients regularly. We appreciate that this is very personal information and discretion is assured. Please do not be offended if we ask to weigh you.

SECTION TWO - MEDICAL INFORMATION & DOCTORS DETAILS

Have you (or the person for whom you are signing) ever suffered a serious injury or discomfort while riding or been advised not to ride (Please circle)? Yes / No

If "Yes", please give details:

Please detail ANY disability or medical conditions that may affect your ability to ride or which you instructor should be aware of in case of emergency:

Name of Emergency Contact: _____ Tel. _____

Relationship to Applicant: _____ Tel: _____

Doctor's Name: _____ Tel. _____



SECTION THREE - RIDING ABILITY (You MUST tick all boxes that apply)

I consider myself (or the person riding for whom I am signing on behalf as a minor or vulnerable adult) to be a:

- Never ridden before
- Beginner
- Novice
- Intermediate
- Advanced

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

- None
- Under 6
- 7 - 12
- 13 - 40
- 40+

What do you believe to be your/the riders capabilities to be on a horse or pony to be?

- Riding at a Walk
- Trotting with Stirrups
- Trotting without Stirrups
- Cantering
- Hacking
- Riding over Jumps to 0.5m
- Riding over Jumps to 0.75m
- Riding over Cross-Country Jumps

SECTION FOUR - DECLARATION

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 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 instructions of the instructor & must comply with the Health & Safety requirements of the Farm. I release the right not to ride a horse allocated to me/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, guardian or carer of riders under 16 or vulnerable adults 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 rider please state relationship to rider:

Signature _____ Print Name _____ Date _____

SECTION FIVE - TO BE COMPLETED BY THE INSTRUCTOR

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

- Complete Beginner / Lead rein / Lunge
- Beginning Walk & Trot Independently
- Novice (Walk, Trot, Canter independently)
- Intermediate (Stage 1 Equivalent)
- Advanced (Stage 2 Equivalent or above)

Assessment lesson content:

- Walk
- Trot
- Canter
- W/O Stirrups
- Jump
- Lateral

Assessment lesson:

- Horse Used _____
- Time _____ Date _____
- Lesson Type _____
- Signature _____
- Print Name _____
- Position _____