

Rider Registration



Confidential: Please complete all sections below so that I am able to provide the best possible cover in case of emergency.

First Name: _____ Surname: _____

Address: _____

_____ Postcode: _____

Tel: (home) _____ Tel: (mobile) _____

Email: _____

Date of Birth: _____ Current Age _____ weight _____

Have you ever suffered a serious injury? Yes/No

If Yes please describe

Have you ever suffered discomfort while riding? Yes/No

If Yes please describe

Have you ever 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. This may include, but not be limited to any back problems and any condition which can affect balance or cause blackouts/loss of consciousness/fitting for example. If you are unsure about any existing medical conditions please consult your doctor. Please give brief details of any medication or assistance we may need to know about that may affect your ability to ride safely.

Do you take any other routine medication? Yes/No

If yes please state _____

Emergency contact

Contact name and relationship: _____

Tel: _____

Riding ability/Declaration

To be completed by client

- | | | | |
|---|-----------------------|--|-----------------------|
| Complete beginner (lead rein/lunge) | <input type="radio"/> | Beginner (beginning walk and trot independently) | <input type="radio"/> |
| Novice (walk, trot, canter independently) | <input type="radio"/> | Intermediate (jumping, up to 2ft) | <input type="radio"/> |
| Advanced (Stage 2, equivalent and above) | <input type="radio"/> | | |

PTO...

Goals that you would like to reach within the next 12 months

I confirm that to the best of my knowledge all of the above details are correct.

I have read the Horse Riders' Code of Conduct below. I understand that riding at any standard has inherent risk that I may fall off and could be injured. I accept that risk and agree that the Riding Instructor will not be liable for injury or damage to property unless it is caused by their negligence. Where I am signing on behalf of a minor I have explained the Riders' Code of Conduct to my child and we both accept the risk and agree that the Riding Instructor will not be liable for injury or damage to property unless it is caused by their negligence. Data Protection Act 2018: Statement: I understand that the information I have given will be held in accordance with the Data Protection Act 2018 but may also be made available to Insurers and other concerned parties in the event of any injury or accident.

I understand that there is a 48hr cancellation policy in place and I will owe the full cost of lesson if I cancel within this time. Regardless of reason.

Signature: _____

Print Name: _____ Date: _____

If signed on behalf of a minor:

Rider's Name: _____

Relationship to minor: _____

The Horse Riders Code of Conduct

- I understand that riding at any standard has inherent risk and that all horses may react unpredictably on occasions.
I may fall off and could be injured. I accept that risk.
I understand that instructions are given for my safety and agree to follow instructions given to me.
I understand that wearing an appropriate riding hat and body protector may reduce the severity of an injury should an accident happen and agree that I will always wear a riding hat while riding.
I understand it is my choice whether or not I wear a body protector except for cross country where is compulsory
I understand that my riding Instructor will make decisions based on information I give them and agree to always be honest and volunteer information about:
 - my abilities and riding experience
 - any previous riding accidents
 - any medical condition(s) which may affect my ability to rideI understand that competing carries enhanced risk over and above general riding and agree that if I chose to participate in any competition or event, it is up to me to ensure that I have the experience and ability to undertake the ridden tasks including any jumps which form part of it. If I am in any doubt, I will use my judgment and experience and not enter.

Signed: _____

Dated: _____

Print Name: _____

TO BE COMPLETED BY INSTRUCTOR

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)

Name.....Position.....Signature.....

Assessment Lesson Content: Walk Trot Canter Jump Position Jump W/O Stirrups Lateral

Horse Used.....Date.....

Time.....Lesson Type.....