

CONFIDENTIAL - Please complete all Sections and Boxes

First Name: Surname:

Address: Postcode:

Tel: (Home) Tel: (Mobile)

Email:

Date of Birth: Age: Weight: Height:

Has the rider ever suffered a serious injury or discomfort while riding or been advised not to ride? No Yes

If yes, please describe:

Please detail **ANY** disability or medical conditions that may affect the rider's ability to ride or which the instructor should be aware of in case of emergency.

EMERGENCY CONTACT DETAILS

Contact Name & Relationship Tel:

RIDING ABILITY - tick ALL boxes that apply

I consider myself, (or the person I am registering on behalf of as a minor) to be a:

Never ridden before Beginner Novice Intermediate Advanced

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

None Under 12 12 to 40 40+

What do you believe the rider's capabilities are on a horse or pony?

Riding at a walk Trotting with Stirrups Cantering Hacking

Jumping up to 0.5m Jumping over 0.75m Jumping cross country jumps

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

I have read, accept and agree with the content of the "Rider's Code of Conduct" and "Yard Rules" (copies available upon request).

I agree that my data may be held to enable identification as a customer and for communication purposes regarding new information as well as to be used in an emergency.

I understand that the information I have given is confidential, but may be made available to insurers and other concerned third parties in the event of any injury or accident.

I agree that certain forms of media containing the subjects image, such as photographs and video, may be used within the public domain.

If signing on behalf of rider, please state relationship to rider:

Signature Print Name

Date