

# RIDER REGISTRATION FORM

Name of Equestrian Establishment **Tower Farm Riding Stables**

## CONFIDENTIAL - Please complete all Sections and Boxes

First Name:  Surname:

Address:  Postcode:

Tel: (Home)  Tel: (Mobile)

Email:

Date of Birth:  Age:  Weight:  Height:

Occupation:

Have you (or the person you are signing for) ever suffered a serious injury or discomfort while riding or 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 or which your instructor should be aware of in case of emergency.

## EMERGENCY CONTACT & DOCTORS DETAILS

Contact Name & Relationship  Tel:

Doctors Name  Tel:

## RIDING ABILITY - you MUST tick all boxes that apply

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

Never ridden before  Beginner  Novice  Intermediate  Advanced

How many times have you/rider ridden in last 12 months:  None  under 12  12-40  40+

What do you believe yours or the person riding' 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 up to 0.5m (18")  Over jumps 0.75m (30")  Riding over cross country jumps

**RIDERS UNDER 16 YRS 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 YRS 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 and must comply with the Health & Safety requirements of the establishments. I reserve the right not ride a horse allocated to me or 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 or 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.**

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

Signature  Print Name  Date

## TO BE COMPLETED BY INSTRUCTOR / SUPERVISOR ON BEHALF OF THE EQUESTRIAN ESTABLISHMENT

This client has been assessed and our judgement 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)

**ASSESSMENT LESSON CONTENT:** Walk  Trot  Canter  W/O Stirrups  Jump  Lateral

**OFFICE USE - Assessment Lesson**

Horse Used  Lesson Type

Date  Time

Signature  Print Name  Position