

# RIDER REGISTRATION FORM

54477

Name of equestrian establishment: \_\_\_\_\_

## CONFIDENTIAL – Please complete all sections

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_

Tel (Home): \_\_\_\_\_ Tel (Mobile): \_\_\_\_\_ Email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Occupation: \_\_\_\_\_

Have you, or the rider 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. 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 etc.

\_\_\_\_\_

## EMERGENCY CONTACT

Contact name and relationship: \_\_\_\_\_ Tel: \_\_\_\_\_

## RIDING ABILITY/ DECLARATION – tick all boxes that apply

I consider myself (or the person riding for who I am signing on behalf of as a minor) to be a:  
Complete Beginner  Beginner  Novice  Intermediate  Advanced

How many times have you or the rider ridden in the last 12 months? None  Under 12  12-40  40+

What do you believe your or the rider's capability 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")  Riding over jumps up to 0.75M (30")  Riding over cross country jumps

- I confirm that to the best of my knowledge all the above details are correct.
- I have read the Horse Riders' Code of Conduct overleaf. 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 school 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 school will not be liable for injury or damage to property unless it is caused by their negligence.
- I have read and understand the lesson booking and cancellation policy and agree to abide by it at all times.
- Data Protection Act 1998: Statement: I understand that 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_

If signed on behalf of a minor: \_\_\_\_\_

Rider's Name \_\_\_\_\_ Relationship to minor \_\_\_\_\_

## TO BE COMPLETED BY INSTRUCTOR/SUPERVISOR

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  W/O Stirrups  Lateral

Horse Used \_\_\_\_\_ Date \_\_\_\_\_

Time \_\_\_\_\_ Lesson Type \_\_\_\_\_

## EQUINE CLUB MEMBERSHIP WITH INSURANCE

Do you wish to be included as a member of The Equine Club with inclusive Public Liability Insurance Cover of up to £1 Million and Personal Accident Cover of up to £15,000 for serious injury? Full details of costs and cover on request and available online at [www.equineclub.co.uk](http://www.equineclub.co.uk). You will be granted FREE membership to The Equine Club providing benefits and savings for a variety of offers from time to time - cover and membership is suitable for Owners, Riders and Spectators alike. This is primarily an Internet-based Club so it would assist if you would ensure you have provided an email address (of parents for any child under 16 years) to receive your membership details.

Fee Paid? Yes  No  Email address \_\_\_\_\_