

RIDER REGISTRATION FORM

Name of Equestrian Establishment: Margaret Haes Riding Centre			
Confidential- Please Complete All Sections and Boxes			
First Name:		Surname:	
Address:			
Postcode:			
Tel (Home):		Tel (Mobile):	
E-mail:			
If you give consent to being contacted from time to time by e-mail for notification of upcoming events please tick here			
<input type="checkbox"/>			
Date of Birth	Age	Weight	Height
Occupation			

Have you or the rider you are signing for ever suffered a serious injury or discomfort whilst riding or been advised NOT to ride?
 Yes No

If yes, please describe:
Please detail any disability or medical condition that may affect your ability to ride. This may include but not limited to any back problems and any condition, which can affect balance or cause blackouts/loss of consciousness/fitting etc.

Emergency contact details- if you are going to be present with the rider please provide details of at least one alternative contact		
Name	Relationship	Tel:
Name	Relationship	Tel:

RIDING ABILITY DECLARATION-TICK ALL BOXES THAT APPLY				
I consider myself (or the rider for whom I am signing on behalf as a minor) to be a:				
Complete Beginner	Beginner	Novice	Intermediate	Advanced
How Many Times have you ridden in last 12 months?	None	Under 12	12 to 40	40+

What do you believe yours or the person riding capabilities to be on a horse or pony?
 Riding at a walk Trotting with stirrups Trotting without stirrups Canterng
 Hacking Riding over jumps up to 0.5m(18") Over Jumps 0.75m(30")
 Riding cross country over jumps

- I confirm to the best of my knowledge all the above details are correct
- I have read and signed the Horse Riders Code of Conduct. 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 understood the lesson booking, payment and cancellation policy and agree to abide by it at all times.
- **DATA PROTECTION** . I understand the information I provide will be held in accordance with data protection laws but may also be made available to insurers and other parties in the event of any injuries or accidents.

Rider's Name:	Date:
Signature: (if signed on behalf of a minor)	Relationship to Minor:
Print Name:	

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TO BE COMPLETED BY INSTRUCTOR/SUPERVISOR ON BEHALF 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 Position

Print Name

OFFICE USE ONLY

Form checked for completeness: Yes No

Inputted onto registration database: Yes No

Signed:

Print Name

Date

Recorded Accidents:

Date Book No Report No Expires

Date Book No Report No Expires

Date Book No Report No Expires

Date Book No Report No Expires