

East View Riding Centre & Fruit Farm RIDER REGISTRATION FORM

CONFIDENTIAL - Please complete all Sections and Boxes

First Name: Surname:

Address:

Home Telephone: Mobile Telephone:

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 whom I am signing on behalf of as a minor) to be a:

Never ridden before Beginner Novice Intermediate Advanced

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

What do you believe yours or the person riding capabilities on or horse or pony to be?

Riding at a walk Trotting with stirrups Trotting without stirrups Cantering Hacking

Riding over jumps up to 0.50 m (18") Riding over jumps up to 0.75 m (30") Riding over cross country jumps

RIDERS UNDER 16 YEARS OF AGE: I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct. I accept that my child rides at his/her own risk.

RIDERS 16 YEARS 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 and Safety requirements of the establishments. I reserve the right not to ride a horse allocated to me or my child 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 years must sign this form.

I acknowledge THAT RIDING IS A RISK SPORT AND HOLD 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 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 RIDE CONTENT: Walk Trot Canter W/O Stirrups Jump Lateral

OFFICE USE - Assessment

Horse Used Type

Date Time

Signature Print Name Position