

RIDER REGISTRATION FORM – CHECKENDON EQUESTRIAN CENTRE

CONFIDENTIAL – Please complete all sections and boxes

First Name:		Surname:	
Address			Post Code
Telephone(Home):		Telephone(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 AND DOCTORS DETAILS

Contact Name and Relationship	Tel:
Doctor's Name	Tel:

RIDING ABILITY – YOU MUST TICK ALL THE BOXES THAT APPLY

I consider myself (or the person riding for who 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 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 YEARS 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 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 establishment. I reserve the right not to 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 CHECKENDON EQUESTRIAN CENTRE

The 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

Horse used:	Lesson type:	
Date:	Time:	
Signature:	Name	Position: