

Rider Registration Form - LODGE FARM EQUESTRIAN CENTRE

CONFIDENTIAL – Please complete all Sections and Boxes

First Name:

Surname:

Address:

Postcode:

Telephone(Home):

Telephone (Mobile):

Email:

Date of Birth:

Height:

Weight:

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 – Please 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 – Please tick the appropriate box

Never ridden before: Beginner: Novice: Intermediate: Advanced:

How many times have you (or the person you are signing for) ridden in last the 12 months:

None: Under 12: 12 – 40: Over 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: Raising Trot: Trotting without stirrups: Cantering:

Walk Poles: Trot Poles: Canter Poles: Riding over jumps up to 0.5m (18"): Over jumps 0.75m (30"):

Any other comments:

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 establishments. 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, Carer 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.

I HAVE RECEIVED & READ THE LODGE FARM WELCOME PACK. If signing on behalf of rider please state relationship to rider: **Signature:**

Print Name:

Date:

TO BE COMPLETED BY INSTRUCTOR/SUPERVISOR ON BEHALF OF LODGE FARM EQUESTRIAN CENTRE:

OFFICE USE – This client has been assessed and our judgment of their capabilities is as follows:

Beginner (Never ridden before): Beginner/Novice (lead rein/lunge):

Novice (Beginning Walk & Trot independently): Novice (Walk, Trot, Canter independently):

Novice/Intermediate (Beginning Jumping): Intermediate (BHS Stage 1):

Intermediate (Jumping BHS Stage 2): Intermediate/Advanced (BHS Stage 3): Advanced (BHS Stage 4):

Assessment Lesson: Walk Trot Canter W/O Stirrups Jump Lateral Diagonals

Horse Used:

Date:

Time:

Lesson Type:

Signature:

Print Name:

Any Other Relevant Notes/Observations:

