

Spring Session Lesson Registration 2023



CONFIDENTIAL - Please complete all sections and boxes

First Name: Surname

Address:

Phone: Cell

email:

Date of Birth: Age: Weight:

Have you (or the person you are signing for) ever suffered a serious injury while riding?

Have you (or the person you are signing for) been advised not to ride by a doctor?

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.

EMERGENCY CONTACT & DOCTOR DETAILS

Contact name & Relationship

Phone

Doctor's Name

Phone

RIDING ABILITY - Check all that apply

I consider myself to be a:

Never ridden before Beginner Novice Intermediate Advanced

How many times have you / rider ridden in the last 12 months?

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

Riding at a walk Trotting with Stirrups Trotting without Stirrups Cantering/Lope

Hacking Jumps (18") Jumps (30") Showing

I understand that I must obey the instructions of the instructor and must comply with the Health & Safety requirements of the establishment.

I confirm that to the best of my knowledge all the above details are correct.

I acknowledge **THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER**, and that all horses may react unpredictably on occasion.

Signature Print Name Date

Ranch Manager
Tumbleweeds Ranch
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