

RIDER REGISTRATION FORM



2018 - SPRING SESSION

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 (or the person you are signing on behalf 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?

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 Canter/Lope

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

RIDERS UNDER 18 : 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 OVER 18 : I confirm that the above pre-assessed abilities are correct and I agree that **I RIDE ENTIRELY AT MY OWN RISK.**

I understand that I must obey the instructions of the instructor and must comply with the Health & Safety requirements of the establishment. I reserve the right not 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 for minors 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 occasion.

If signing on behalf of rider please state relationship to rider:

Signature Print Name Date