

Rider Registration Form



Name of Equestrian Establishment: _____

Confidential - Please complete all sections below

First Name: _____ Surname: _____

Address: _____

Postcode: _____

Tel: (home) _____ Tel: (mobile) _____

Email: _____

Date of Birth: _____ Age: _____ Weight: _____ Height: _____

Occupation: _____

Have you, or the rider 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. This may include but not be limited to any back problems and any condition, which can affect balance or cause blackouts/loss of consciousness/fitting etc.

Emergency contact

Contact name and relationship: _____ Tel: _____

Riding ability/Declaration - you MUST 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:
Complete beginner Beginner Novice Intermediate Advanced

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

What do you believe your or the rider's capability to be on a horse or pony to be?
Riding at walk Trotting with stirrups Trotting without stirrups Cantering Hacking
Riding over jumps up to 0.5m (18") Riding over jumps 0.75m (30") Riding over cross-country jumps

I confirm that to the best of my knowledge all of the above details are correct.
I have read the Horse Riders' Code of Conduct overleaf. I understand that riding at any standard has inherent risk that I may fall off and could be injured. I accept that risk and agree that the riding school will not be liable for injury or damage to property unless it is caused by their negligence.
Where I am signing on behalf of a minor I have explained the Riders' Code of Conduct to my child and we both accept the risk and agree that the riding school will not be liable for injury or damage to property unless it is caused by their negligence.
I have read and understand the lesson booking and cancellation policy and agree to abide by it at all times.
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.

Signature: _____ Print Name: _____ Date: _____

If signed on behalf of a minor:

Rider's Name: _____ Relationship to minor: _____

To be completed by Instructor/Supervisor on behalf of the Equestrian Establishment

This client has been assessed and our judgment of their capabilities is as follows:
Complete beginner (lead rein/lunge) Beginner (beginning walk and trot independently)
Novice (walk, trot, canter independently) Intermediate (jumping, Stage 1) Advanced (Stage 2, equivalent and above)

Riders Name: _____

Assessment lesson content: Walk Trot Canter W/O Stirrups Jump Lateral

Horse used: _____ Lesson Type: _____

Date: _____ Time: _____