

# RIDER REGISTRATION FORM

Name of Equestrian Establishment:  **Wirral Riding Centre**

**CONFIDENTIAL - Please complete all Sections and Boxes**

First Name:  Surname:

Address (inc 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 limited to any back problems and any condition, which can affect balance or cause blackouts/ loss of consciousness/ fitting etc..

**EMERGENCY CONTACT**

Contact Name & Relationship:  Tel:

**RIDING ABILITY/DECLARATION - 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 last 12 months: None  under 12  12-40  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  Trotting without stirrups  Canter

Hacking  Riding over jumps up to 0/5m (18")  Over jumps 0.75 (30")  X Country Jumps

- I can confirm that to the best of my knowledge all 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 understood the lesson booking and cancellation policy and agree to abide by it all times.

- DATA PROTECTION: I understand that information I provide will be held in accordance with data protection laws but may also be made available to insurers and other parties in the event of any injuries or accident.

Signature  Print Name  Date

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 judgement of their capabilities is as follows:

Complete Beginner (Lead rein/Lunge)  Beginner (Beginning Walk & Trot independently)

Novice (Walk, Trot, Canter Independently)  Immediate (Jumping, Stage 1)  Advanced (Stage 2, Equivalent & above)

ASSESSMENT LESSON CONTENT: Walk  Trot  Canter  W/O Stirrups  Jump  Lateral

OFFICE USE - Assessment Lesson

Horse Used  Lesson Type  Date

Signature  Print Name  Position