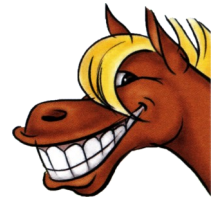




Woodside Riding School

New Rider Registration Form



CONFIDENTIAL: Please Complete all Sections & Boxes

FIRST NAME: SURNAME: DOB:

ADDRESS:

TEL: (HOME) AGE:

TEL: (MOBILE) WEIGHT:

EMAIL: HEIGHT:

HAVE YOU (OR THE PERSON YOU ARE SIGNING FOR) EVER SUFFERED INJURY OR DISCOMFORT WHILE RIDING OR BEEN ADVISED NOT TO RIDE: YES: IF YES PLEASE DESCRIBE:

NO:

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 DETAILS:

CONTACT NAME & RELATIONSHIP: TEL:

DOCTORS NAME: TEL:

RIDING ABILITY: YOU MUST TICK ALL BOXES THAT APPLY. PARENT OR GUARDIAN OF RIDERS UNDER THE AGE OF 16 MUST SIGN THIS FORM

I CONSIDER MYSELF (OR THE PERSON I AM SIGNING ON BEHALF OF AS A MINOR) TO BE

NEW RIDER:(NOT RIDDEN BEFORE) BEGINNER: NOVICE: INTERMEDIATE: ADVANCED:

HOW MANY TIMES HAVE YOU RIDDEN IN THE PAST 12 MONTHS NONE UNDER 12: 12 TO 40: 40+:

WHAT DO YOU BELIEVE YOU OR THE PERSON RIDING CAPABILITIES ON A HORSE OR PONY TO BE:

RIDING AT A WALK: TROTting WITH STIRRUPS: TROTting WITHOUT STIRRUPS: CANTERING:

DECLARATION: RIDING IS A RISK SPORT AND HOLDS POTENTIAL DANGER. PARENT OR GUARDIAN OF RIDERS UNDER THE AGE OF 16 MUST SIGN THIS FORM

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 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 OF THE ABOVE DETAILS ARE CORRECT.

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 THAT MY CHILD RIDES AT HIS/HER OWN RISK.

RIDERS AGED 16 YEARS AND OVER: I AGREE THAT THE ABOVE PRE-ASSESSED ABILITIES ARE CORRECT AND AGREE THAT I RIDE ENTIRELY AT MY OWN RISK, AND UNDERSTAND THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER AND THAT ALL HORSES MAY REACT UNPREDICTABLY ON OCCASIONS.

SIGNATURE: PRINT NAME: DATE:

IF SIGNING ON BEHALF OF RIDER PLEASE STATE RELATIONSHIP TO RIDER:

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

ASSESSMENT TO BE COMPLETED BY INSTRUCTOR/SUPERVISOR ON BEHALF OF WOODSIDE RIDING SCHOOL

THE CLIENT HAS BEEN ASSESSED AND OUR JUDGEMENT OF THEIR CAPABILITIES ARE AS FOLLOWS:

COMPLETE BEGINNER (LEAD REIN/LUNGE) BEGINNER (WALK & TROT INDEPENDANTLY)

NOVICE (WALK, TROT, CANTER, INDEPENDANTLY) INTERMEDIATE (STAGE 1) ADVANCED (STAGE 2)

HORSE USED LESSON TYPE

DATE TIME

INSTRUCTOR SIGNATURE