



RIDER REGISTRATION FORM

chestnuts Riding School

CONFIDENTIAL (please complete all boxes)

First Name:

Surname:

DOB:

Tel (home):

Age:

Tel (mob):

Weight:

Height:

Address:

Postcode:

Have you ever suffered discomfort or pain whilst riding? YES/NO

If Yes, can you provide details:

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 an emergency (e.g. Back problems, diabetes, pregnancy):

EMERGENCY CONTACT DETAILS

First Name:

Tel:

Relationship with person:

Turn Over

RIDING ABILITIES (tick all that apply)

I consider myself to be a: Complete Beginner Beginner Novice
 Intermediate Advanced

What do you consider your capabilities on a horse/pony to be?

Riding At Walk Trotting with Stirrups Trotting without Stirrups Cantering
 Hacking Jumping (+0.5m) Jumping (0.75) Cross Country Jumping

I acknowledge THAT RIDING IS A RISK SPORT AND HOLDS POTENTIAL DANGER and that all horses might react unpredictably on occasions. I understand that I must obey the instructions of the instructor and must comply with the Health and Safety requirements of the establishment. I reserve the right not to ride a horse allocated to me, and to request a change of instructor.

I confirm that to the best of my knowledge all of the above details are correct. A parent or guardian of riders under the age of 16 must sign this form. I have read and understood the lesson booking and cancellation policy and agree to abide by it at all times.

Riders Aged 16 years and Over: I confirm that the above pre-assessed abilities are correct and that I agree that I ride entirely at my own risk.

Riders Under 16 years of age: I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct.

DATA PROTECTION ACT 1998: Statement: I understand 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 parties in the event of any injury or accident.

Signature:

Date:

Print Name:

Relationship with person (if signing on behalf of rider):

TO BE COMPLETED BY INSTRUCTOR/SUPERVISOR

The client has been assessed and our judgement of their capability is as follows:

Complete Beginner (Lead Rein/Lunge) Beginner (beginning Walk, Trot independently)
 Novice (Walk, Trot, Canter independently) Intermediate (Jumping, Stage 1)
 Advanced (Stage 2, Equivalent and above)

Name:

Assessment Lesson Content:

Walk Trot Canter Jump
 Without Stirrups Lateral

Position:

Signature:

Office Use - Assessment Lesson

Horse Used:

Lesson Type:

Time:

Date: