

# RIDER REGISTRATION FORM

Glaphthorn Manor Stables & Riding School

## CONFIDENTIAL - Please complete all Sections and Boxes

First Name:  Surname:

Address:  Postcode:

Tel: (Home)  Tel: (Mobile)

Email:

Date of Birth:  Age:  Weight:  Height:

Occupation (Optional):

Have you (or the person 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, special needs or medical condition that may affect your ability to ride or which your instructor should be aware of

## EMERGENCY CONTACT & DOCTORS DETAILS

Contact Name & Relationship  Tel:

Doctors Name  Tel:

## RIDING ABILITY - 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 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  Cantering

Hacking  Riding over jumps up to 0.5m (18")  Over jumps 0.75m (30")  Riding over cross country jumps

**RIDERS UNDER 18 YRS OF AGE:** 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. I will ALWAYS be contactable whilst my child is riding.

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

**DATA PROTECTION ACT 2018:** Statement: I understand that the information I have given will be held in accordance with the Data Protection Act & GDPR 2018 but may also be made available to Insurers and other concerned parties in the event of any injury or accident. I agree to the Privacy Policy as found on the website.

I understand that I must obey the instructions of the instructor and must comply with the Health & Safety requirements of the establishments as written in the Stable and Yard Rules. I reserve the right not to ride a horse allocated to me or my child and/or request a change of instructor.

I have filled in the medical information honestly. For riders under the age of 18 I understand that if my child has a serious medical condition i.e. epilepsy/diabetes I will remain on site during their lesson.

PHOTO CONSENT: I give permission for photos of me/my child to be used for media/advertising purposes on the Website and Social Media Pages

I acknowledge **THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER, and that all horses may react unpredictably on occasions.**

I confirm that to the best of my knowledge all the above details are correct. A parent or guardian of riders under the age of 18 must sign this form.

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

Signature  Print Name  Date

**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)  Intermediate (Jumping, Stage 1)  Advanced (Stage 2, Equivalent and above)   
**ASSESSMENT LESSON CONTENT:** Walk  Trot  Canter  W/O Stirrups  Jump  Lateral

**OFFICE USE - Assessment Lesson**

Horse Used	<input type="text"/>	Lesson Type	<input type="text"/>
Date	<input type="text"/>	Time	<input type="text"/>
Signature	<input type="text"/>	Print Name	<input type="text"/>
		Position	<input type="text"/>