

Wits End Stables Ltd

RIDER REGISTRATION FORM

CONFIDENTIAL - Please complete all sections

*** delete as appropriate**

1. Full Name

2. Address

.....Postcode.....

3. Telephone (home).....Mobile.....

4. Email

5. Date of birth..... 6. Height.....7. Weight.....

8. Occupation.....

9. 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

10. If yes to Q9, please describe

.....

11. Please detail **ANY** disability or medical conditions that may affect your ability to ride, or your instructor should be aware of in case of emergency. If none, write

NONE

.....

EMERGENCY CONTACT & DOCTOR DETAILS

12. Contact name & relationship.....Tel.....

.....Tel.....

13. Doctor's Name.....at.....Tel.....

RIDING ABILITY – YOU MUST TICK ALL THAT APPLY

14. I consider myself (or the person riding for who I am signing on behalf as a minor) to be a :

Never ridden before Beginner Novice ... Intermediate ... Advanced

15. How many times have you / rider ridden in last 12 mths?

None Under 12 12 – 40 40+

16. What do you believe yours or the person riding' capabilities to be on a horse or pony?

Riding at a walk Trotting with stirrups Trotting without stirrups

Cantering Hacking Riding over jumps up to 0.5m(18") Over jumps

0.75 (30") Riding over cross country jumps

RIDERS UNDER 16YRS OF AGE: I ACCEPT FULL RESPONSIBILITY FOR MY CHILD AND CONFIRM THAT TH EABOVE PRE-ASSESSED ABILITIES ARE CORRECT. I ACCEPT THAT MY CHILD RIDES AT HIS/HER OWN RISK

RIDERS AGED 16YRS & OVER: I CONFIRM THAT THE ABOVE PRE-ASSESSED ABILITIES ARE CORRECT AND I AGREE THAT **I RIDE ENTIRELY AT MY OWN RISK**

DATA PROTECTIONACT 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.

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

I confirm to the best of my knowledge all the above details are correct. A parent of guardian of riders under the age of 16 must sign this form.

17. I acknowledge that riding is a risk sport and holds a potential danger, and that all horses may react unpredictably on occasions

If signing on behalf or rider please state relationship to rider

Signature.....**Print Name**.....**Date**.....

TO BE COMPLETED BY INSTRUCTOR/SUPERVISOR ON BEHALF OF Wits END STABLES Ltd

This client has been assessed and our judgement of their capabilities is as follows

Complete Beginner (Lead rein / lunge) Beginner (Beginning walk & trot independantly)

Novice (Walk, trot, canter independently) Intermediate (Jumping, Stage 1)

Advanced (Stage 2, equivalent and above)

Assessment content: Walk Trot Canter w/o stirrups Jump Lateral

Office Use - Assessment

Horse used Lesson type

Date Time Signature

Print name.....Position.....