

Bradnant Equestrian Centre

Rider Registration Form

PERSONAL DETAILS -CONFIDENTIAL - Please complete all sections

First Name: Surname

Address:
 Postcode

Tel. No Date of Birth

Age: Height: Weight:

Has the person riding ever suffered a serious injury or any discomfort while riding or been advised not to ride?

No

Yes please describe:

Please detail ANY disability or medical condition that may affect your ability to ride or which your instructor should be made aware of in case of an emergency:

EMERGENCY CONTACT DETAILS

Contact Name & Relationship Tel
Doctor & Surgery Tel

RIDING ABILITY

How often has the named person ridden in the last 12 months?

Never: Monthly: Fortnightly: Weekly:

What do you believe the capabilities of that person riding to be? -

Leid rein Walk & Trot Trot w/o stirrups Cantering
Hacking Jumps 0.5m Jumps 0.75m Cross country

RIDERS UNDER 16 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.

RIDERS AGED 16 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 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 that to the best of my knowledge all the above details are correct. A parent or guardian of riders under the age of 16 must sign this form.

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 of rider please state relationship to rider:

Signature Print Name Date

TO BE COMPLETED BY SUPERVISOR / INSTRUCTOR FOR ESTABLISHMENT

The client has been assessed and in our opinion their capabilities are as follows:

Leid Rein/ Walk & trot Walk, trot, Jumping
Lunge ind. canter ind.

Assesment lesson
content:

Horse used Lesson type Date

Time Signature Name & Position