

PONY CARE and RIDING, BOUSTEAD HILL, 24/8/11

RIDER REGISTRATION FORM



The British Horse Society
Incorporated in England No. 2628

Name of Equestrian Establishment **BOUSTEAD HILL EQUESTRIAN CENTRE**

CONFIDENTIAL - Please complete all Sections and Boxes

First Name: Surname:
Address:
Postcode:
Tel: (Home) Tel: (Mobile)
Email:
Date of Birth: Age: Weight: Height:
Occupation:

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 or medical conditions that may affect your ability to ride or which your instructor should be aware of in case of emergency.

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:
Never ridden before 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 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 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 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 Lesson Type
Date Time
Signature Print Name Position