

RIDER REGISTRATION FORM ~ FINLAKE RIDING CENTRE 01626 852096

**** PLEASE NOTE CASH PAYMENTS ONLY & PLEASE ARRIVE 15 MINS PRIOR TO YOUR RIDE TIME****

First name:..... Surname:.....

Full Address:

.....

..... Postcode:

Tel:

Mobile:

Email:

.....

D.O.B

AGE:

WEIGHT:

HEIGHT:

...../...../.....

OCCUPATION:.....

As the rider (or on behalf of them) can you confirm if there has been any discomfort, injury or pain whilst riding previously or any medical condition/ disability that may affect your ability to ride or that our instructors should be aware of in case of an emergency? If yes please give details below:

No Yes

EMERGENCY CONTACTS & DOCTORS DETAILS

Name & Relationship:

1..... 2.....

Phone:1..... 2.....(incl. dial code)

Doctors name:

..... Phone:

RIDING ABILITY – PLEASE TICK ALL BOXES THAT APPLY AS HONESTLY AS POSSIBLE FOR YOUR OWN SAFETY

Never ridden before Beginner Novice Intermediate Advanced

How many times have you ridden in the past year? None Under 12 12-40

What do you believe your capabilities are?

Riding at walk Trotting with stirrups Trotting w/out stirrups Canter Hacking

Riding over jumps up to 0.5m (18") Over jumps 0.75m (30") Cross-country jumps

DECLARATION:

RIDERS UNDER 16yrs OF AGE: I accept full responsibility for my child and confirm that the above-declared abilities are correct. I accept my child rides at their own risk.

RIDERS AGED 16yrs AND OVER: I confirm the above-declared 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 injury or accident. I

understand I must obey the instructions of the instructor and must comply with the Health & Safety requirements of this establishment.

I reserve the right not to ride a horse allocated to me or my child and in addition request or change instructor. I confirm that to the best

of my knowledge al of the above details are correct. A parent or guardian of riders under 16yrs of age must sign this form. I acknowledge that riding is a risk sport and holds potential danger, and that horses may react unpredictably on occasions.

Signature:.....If signing on behalf of rider state relationship:.....

Print Name:

..... Date:...../...../.....

TO BE COMPLETED BY INSTRUCTOR/SUPERVISOR ON BEHALF OF FINLAKE RIDING CENTRE

The client has been assessed and our judgement of their capabilities are as follows:

Complete Beginner (lead reign/lunge) Beginner (Beginning walk, trot independently)

Novice (walk, trot, canter independently) Intermediate (Jumping stage1) Advanced (Stage2 equivalent & above)

ASSESSMENT LESSON CONTENT: Walk Trot Canter w/o Stirrups Jump Lateral

OFFICE USE – Assessment lesson

Horse used..... Lesson Type.....

Date: Time:..... Position of instructor.....

PRINT NAME:.....Signed:.....

****Payment is required at the time of booking and is non-refundable in the event of cancellation, missed appointments, late arrival or change of mind. It is also the clients responsibility to ensure the correct ride is booked for ability. Staff will assess all riders and if deemed a risk to themselves, riders or horses they will not be able to continue and no refund will be given****