



Name of Equestrian Centre

RIDER REGISTRATION FORM

PERSONAL DETAILS

Name: Date of Birth:
Weight: Height:
Address: Home Telephone:
.....
.....

Contact details in case of emergency::

Name:
Telephone:

Have you ever suffered serious injury or discomfort whilst riding?

YES NO

If YES, please describe

Please detail any medical conditions that may affect your ability to ride or which your instructor should be made aware of in case of emergency (e.g. back problems, diabetes).

RIDING ABILITIES

I consider myself to be a:

- Beginner
- Novice
- Intermediate
- Advanced

How many lessons have you had in the last twelve months?

- None
- Less than 5
- 5 - 10
- 10+

What do you believe your capabilities on an average horse to be?

- Riding at a walk
- Trotting with stirrups
- Trotting without stirrups
- Cantering
- Galloping
- Riding over jumps up to 0.5m (18")
- Riding over jumps up to 0.75m (30")
- Hacking

I acknowledge that riding is a risk sport and participation may hold potential danger, and that all horses may react unpredictably on occasions. I understand that I must obey the instructions of the ride escort or instructor. I reserve the right not to ride a horse allocated to me, and to request a change of instructor.

I confirm that to the best of my knowledge all the above details are correct. This form must be signed by a parent or guardian of riders under the age of 16.

Signed: Date:

Print Name:

To be completed by instructor / supervisor / escort. I have assessed this person and agree with their judgement of their capabilities, or have amended the form accordingly.

Signed:Position: