



# RIDER REGISTRATION FORM

Name of Equestrian Establishment: **BANK FARM RIDING SCHOOL**

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 time have you/rider ridden in last 12 months:

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 0.7m (30"):  Riding over cross country jumps:

RIDERS UNDER 16YRS OF AGE: I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct. I accept my child riders at his/her own risk.

RIDERS AGED 16YRS 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 that 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 16yrs must sign this form.

**I acknowledge THAT RIDING IS A RISKY SPORT AND HOLDS A POTENTIAL DANGER, and that all horses may react unpredictable on occasions.**

If signing on behalf of a rider please state relationship to rider: \_\_\_\_\_

Signature:

Print Name:

Date:

## EQUALITY AND DIVERSITY POLICY

A full copy of the Bank Farm Riding School Equality and Diversity Policy is kept in the office and can be seen upon request.

**I have read the Equality and Diversity Policy, as laid out by Bank Farm Riding School and agree to abide by it.**

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_

Printed Name of Rider: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian if child is under 16yrs).

## HEALTH AND SAFETY POLICY STATEMENT

A full copy of the Bank Farm Riding School Risk Assessment is kept in the office and can be seen upon request.

**By signing below, I confirm that I have read the Bank Farm Riding School Health and Safety Policy statement.**

Signature: \_\_\_\_\_ Print Name \_\_\_\_\_

Printed Name of Rider: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent/Guardian if child is under 16yrs).

## TO BE COMPLETED BY INSTRUCTOR ON BEHALF OF THE EQUESTRAIN 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 \_\_\_\_\_

Date of Assessment: \_\_\_\_\_ Next Assessment Date: \_\_\_\_\_

Anyone who wish to bring and wear their own Riding Hats can do so, but they have to be checked and approved by an instructor (standard and kitemark). If you do change your hat at any point while attending Bank Farm Riding School please make it known to an instructor so they can also check that one.

Thankyou