

Rider & Horse Registration Form

Please inform us of any changes incase we need to make adaptations to coaching you and your horse.
A new form will need to be completed at least once every 12months.



Horse Rider's Code of Conduct

I understand that riding at any standard has inherent risk and that all horses may react unpredictably on occasions.

I may fall off and could be injured. I accept that risk.

I understand that instructions are given for my safety and agree to follow instructions given to me.

I understand that wearing an appropriate riding hat and body protector may reduce the severity of an injury should an accident happen and agree that I will always wear a riding hat while riding.

I understand it is my choice whether or not I wear a body protector.

I understand that my riding Instructor will make decisions based on information I give them and agree to always be honest and volunteer information about: my abilities and riding experience, any previous riding accidents, any medical condition(s) which may affect my ability to ride

I understand that competing carries enhanced risk over and above general riding and agree that if I chose to participate in any competition or event, it is up to me to ensure that I have the experience and ability to undertake the ridden tasks including any jumps which form part of it. If I am in any doubt, I will use my judgment and experience and not enter.

Rider Name:		Address:	
Tel: Home / Mobile		Email:	
Date of Birth:		Emergency Contact:	

Have you ever suffered a serious injury?	Yes / No
If Yes, please describe	
Have you ever suffered a discomfort whilst riding?	Yes / No
If Yes, please describe	
Have you ever been advised not to ride?	Yes / No
If Yes, please describe	

Please provide details of any disability or medical conditions that may affect your ability to ride.
This may include, but not be limited to any back problems and any condition which can affect balance or cause blackouts/loss of consciousness/fitting for example.
If you are unsure about any existing medical conditions please consult your doctor.
Please provide brief details of any medication or assistance we may need to know about that may affect your ability to ride safely.

Do you take any other routine medication, or are you allergic to certain medications?	Yes / No
If Yes, please state	

Riding ability/Declaration - To be completed by client, please tick which level you are at.

Complete Beginner (Lead Rein / Lunge)	Beginner (beginning walk and trot independently)	
Novice (Walk, Trot, Canter independently)	Intermediate (jumping up to 2ft)	
Advanced (Stage 2, equivalent and above)	Professional Rider	
Jumping under 1m	Jumping over 1m	
Dressage up to Novice Level	Dressage Elementary to Medium Level	
Dressage Advance Medium plus		

Has your horse ever suffered a serious injury?	Yes / No
If Yes, please describe	
Does your horse have any ongoing medical issues or treatments?	Yes / No
If Yes, please describe	
Does your horse have regular routine check ups with a dentist, bodywork specialist and saddle fitter?	Yes / No
Is your horse known to display behaviour such as rearing or kicking out?	Yes / No
If Yes, please describe	
Is there anything that I should know about you and your horse' partnership?	Yes / No
If Yes, please describe	

Horse's Education / Training Ability - To be completed by client, please tick which level your horse/s are at.

Just broken and riding away	<input type="checkbox"/>	Dressage Intro - Prelim Level	<input type="checkbox"/>
Dressage up to Novice Level	<input type="checkbox"/>	Dressage Elementary to Medium Level	<input type="checkbox"/>
Hacking and Pleasure Riding	<input type="checkbox"/>	Polework	<input type="checkbox"/>
Novice Jumping	<input type="checkbox"/>	Jumping under 1m	<input type="checkbox"/>
Jumping over 1m	<input type="checkbox"/>	Competing Unaffiliated Level	<input type="checkbox"/>
Competing Affiliated Level	<input type="checkbox"/>		<input type="checkbox"/>

What goals would you like to achieve in the next 12 months

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Date:	
Signature:	
Print Name:	

I confirm that to the best of my knowledge all of the above details are correct.
 I have read the Horse Riders' Code of Conduct above. I understand that riding at any standard has inherent risk that I may fall off and could be injured. I accept that risk and agree that the Riding Instructor will not be liable for injury or damage to property unless it is caused by their negligence.
 Where I am signing on behalf of a minor I have explained the Riders' Code of Conduct to my child and we both accept the risk and agree that the Riding Instructor will not be liable for injury or damage to property unless it is caused by their negligence.

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. Confidential: Please complete all sections below so that I am able to provide the best possible cover in case of emergency.

Signature:
Print Name:
Date:
If signed on behalf of a minor Rider's Name:
Relationship to minor: