



Rider Registration Form

Name of Horse riding centre: King Farm Horse riding school

Please complete all sections below

First Name:

Surname:

Address:

Tel(home):

Tel(mobile):

Email:

Date of Birth:

Age:

Weight:

Height:

Occupation:

Have you, or the rider 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. This may include but not be limited to any back problems and any conditions, which can affect balance or cause blackouts/loss of consciousness/fits and so on

Emergency contact:

Contact name and relationship:

Tel:

Riding ability/declaration – you MUST tick all boxes that apply

I consider myself (or the person riding for who I am signing on behalf of as a minor) to be a:

Complete beginner Beginner Novice Intermediate Advanced

How many times have you/rider ridden in the past 12 months?

None Under 12 12-40 40+

What do you believe your or the rider's capability to be on a horse or pony?

Riding at walk Trotting with stirrups Trotting without stirrups
Cantering Hacking Riding over jumps up to 0.5m (18in)
Riding over jumps 0.75m (30in) Riding over cross-country jumps

I confirm in that to the best of my knowledge all of the above details are correct.
I have read the Horse Riders' Code of Conduct overleaf. 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 school will not be liable for injury or damage to property.

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 school will not be liable for injury or damage to property. I have read and understand the lesson booking and cancellation policy and agree to abide by it at all times.

Signature: **Print Name:** **Date:**

If signed on behalf of a minor:

Rider's Name: **Relationship to minor:**

To be completed by Instructor/Supervisor on behalf of the Horse riding Centre

This client has been assessed and our judgement of their capabilities is as follows:

Complete beginner (lead rein/lunge)
Beginner (beginning walk and trot independently)
Novice (walk, trot, canter independently)
Intermediate (jumping, Stage 1)
Advanced (Stage 2, equivalent and above)

Rider's Name:

Assessment lesson content:

Walk Trot Canter W/O Stirrups Jump Lateral

Horse used:

Lesson type:

Date:

Time:

Signature:

Print Name: