RIDER REGISTRATION FORM

Name of Equestrian Establishment: **HUNTERSFIELD EQUESTRIAN CENTRE**

CONFIDENTIAL - Please complete all boxes

First Name: | Surname:

Address:

Tel: (Home) | Mobile: | Email:

Date of Birth: | Age: | Weight: | Height:

Occupation

Mark with **x**

Have you ever suffered serious injury or discomfort whilst riding? 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 (e.g. **back problems, diabetes, pregnancy**)

EMERGENCY CONTACT

First Name: | **Tel:**

RIDING ABILITIES - Tick all boxes that apply

Mark with **x**

I consider myself to be a:

Complete Beginner | Beginner | Novice | Intermediate | Advanced

How many times have you ridden in the last 12 months?

None | Less than 12 | 12 - 40 | 40 +

Mark with **x**

What do you believe your capabilities on a horse/pony to be?

Riding at a walk | Rising Trot with stirrups | Trotting without stirrips | Cantering

Hacking | Riding over jumps up to .5m(+feet/Ins) | Over jumps.75m(+feet/ins) | Riding over cross country jumps

I acknowledge **THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER**, and that all horses may react unpredictably on occasions.
I understand that I must obey the instructors instructions and must comply with the health & safety requirements of the establishments. I reserve the right not to ride a horse allocated to me and 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 16 must sign this form.
I have read and understand the lesson booking and cancellation policy and agree to abide by it at all times.
I give my permission that photographs/videos may be taken and published in any media related to Huntersfield.
RIDERS AGED 16 YRS AND OVER: I confirm that the above pre-assessed abilities are correct and I agree that I ride entirely at my own risk.
RIDERS AGED UNDER 16 YRS OF AGE: I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct.

GDPR CONSENT: By signing this Rider Registration form you give your consent that Huntersfield can receive, store and process your or your child's data in accordance with our Privacy Notice and that you are happy to be contacted via email for the purpose of sharing further information!

If signing on behalf of rider please state relationship to rider:

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

By completing this document electronically and forwarding it to Huntersfield, it will be accepted as your electronic signature.

TO BE COMPLETED BY INSTRUCTOR / SUPERVISOR

Mark with **x**

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

Complete Beginner (Lead Rein / Lunge) | Beginner (Beginning walk & trot independantly)

Novice (Walk, Trot, Canter independently) | Intermediate (Jumping, Stage 1) | Advanced (Stage 2, Equivalent and above)

Name: Mrs Sam van den Berg | **Position:** Owner / Instructor | **Signature:**

ASSESSMENT LESSON CONTENT

Walk | Trot | Canter | Jump | W/O Stirrups | Lateral

OFFICE USE - Assessment Lesson

Horse used: | **Date:**

Time: | **Lesson Type:**