

**Snainton Riding Centre****Rider Registration Form****CONFIDENTIAL - Please complete all Sections & Boxes**

First Name		Surname	
Address			

Post Code			
Tel (Home)		Tel (Mobile)	
Email			
DOB			
Age		Weight	Height
Occupation			

Have you (or the person you are signing for) ever suffered a serious injury or discomfort whilst riding or been advised not to ride?	Yes	No
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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 & Doctor's Details**

Contact Name & Relationship		Tel	
Doctor's Name		Tel	

**Riding Ability – you MUST tick all boxes that apply**

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

Never ridden before	Beginner	Novice	Intermediate	Advanced
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**How many times have you/rider ridden in last 12 months?**

None	Under 12	12-40	40+
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**What do you believe yours or the rider's capabilities on a horse or pony to be?**

Riding at a walk	Trotting with stirrups	Cantering	Hacking	Riding over jumps up to 0.5m
Over jumps 0.75m	Riding over cross-country jumps			

**Riders under 16 years of age:** I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct. I accept that my child rides at his/her own risk.

**Riders aged 16 years 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 and safety requirements of the establishments. I reserve the right not to ride a horse allocated to my child or me and/or to 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 acknowledge **THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER, and that all horses may react unpredictably on occasions.**

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

<b>Signature</b>		<b>Print Name</b>	
<b>Date</b>			

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**To Be Completed by Instructor/Supervisor on Behalf of Snainton Riding Centre**

This client has been assessed and our judgment 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)
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**Assessment Lesson Content:**

Walk	Trot	Canter	W/O Stirrups	Jump	Lateral
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**Office Use: Assessment Lesson**

Horse Used		Lesson Type	
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Date		Time	
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<b>Signature</b>		<b>Print Name</b>	
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<b>Position</b>	
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