

HEREFORDSHIRE RDA

RIDING SCHOOL RIDER REGISTRATION FORM

d\ If you are under 18 years or someone else normally completes your paperwork for you, this form should be completed and signed on your behalf by your parent or legal guardian. All information will remain confidential, for use by relevant HRDA personnel only.			
Last Name, First Name			
Date of Birth		Age	
Address			
Email Address			
Telephone Numbers	Home	Mobile	
Height		Weight	
Have you ever suffered discomfort or pain whilst riding? Y/N Please provide details if yes			
Are you on any medication that may cause side effects during your time at HRDA? If so, what is the medication and potential side effect(s)?			
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 condition which can affect balance or cause blackouts/loss of consciousness/seizures etc.			
Emergency Contact Name:			
Telephone No:		Relationship to Rider:	
Riding Ability/Declaration – you must tick all boxes that apply I consider myself (or the person for whom I am signing on behalf as a minor) to be:- Complete beginner <input type="checkbox"/> Beginner <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>			
I acknowledge that riding is a risk sport and hold potential danger. I understand that all horses might react unpredictably on occasions. I must obey the instructions of the instructor and comply with the health and safety requirements of HRDA. I reserve the right not to ride a horse allocated to me and to change instructors but understand that this may affect the availability of lessons. I confirm that all the details above are correct. A parent or guardian of riders under the age of 16 must sign this form.			
Riders aged 16 and over: I confirm that the above abilities are correct and that I agree that I ride entirely at my own risk. Signature: _____ Date: _____ Print Name _____			
Riders under 16 years of age: I accept full responsibility for my child/guard and confirm that the above pre-assessed abilities are correct. Signature: _____ Date: _____ Print Name: _____ Relationship to Rider: _____			
Assessment to be completed by Instructor on behalf of HRDA This client has been assessed and our judgement of their capabilities are as follows: Complete beginner (lead rein/lunge) <input type="checkbox"/> Beginner (walking & trotting independently) <input type="checkbox"/> Novice (walk, trot, canter independently) <input type="checkbox"/> Intermediate (Jumping, Stage 1) <input type="checkbox"/> Advanced (Stage 2 +) <input type="checkbox"/> Instructor Name: _____ Signature: _____ Date: _____			