

APPLICATION FORM FOR RIDERS, VAULTERS AND CARRIAGE DRIVERS (PLEASE USE BLOCK CAPITALS AND RETURN TO GROUP ADDRESS BELOW)



**Riding for the Disabled Association
Incorporating Carriage Driving**

GROUP NAME	Herefordshire RDA	
CHARITY NO	1100675	
NAME	Herefordshire Riding For The Disabled	
ADDRESS	C/O Holme Lacy College Holme Lacy Herefordshire HR2 6LL	
TEL NO	07787813558	01432 870 831

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 RDA personnel only.

1 YOUR DETAILS

Last Name, First Name			
Date of Birth		Age	
Address			
Email Address			
Telephone Number			
Riding/Carriage Driving	Do you have any previous experience with an RDA Group?	YES	NO
	If YES, what is the Group's name?		
	If YES, have you passed any proficiency test(s)?	YES	No
	If YES, to what level?		
School/Training Centre	Are you joining as part of a school or Training Centre?	Yes	No
	If YES, what is the School/Centre name, contact and phone number?		
School/Training Centre	Are you joining as an independent rider/driver?	YES	NO
	If YES, what is the School/Centre name, contact and phone number?		

2 SPECIFIC INFORMATION ABOUT YOU

What is your disability, condition or diagnosis?
Are you on any medication that may cause side effects during your time at RDA? If so, what is the medication and potential side effect(s)?
What, if any, conditions do you have that may need special attention during your activities with RDA? (It is the applicant's responsibility to ensure that we have knowledge of all issues that might pose a problem)
Please provide name and contact details of a Medical Professional who knows you and your medical conditions:

3 ADDITIONAL INFORMATION

Height		Weight	
Speech	Do you have any problems with speech?	YES	NO
Eyesight	Do you have any problems with eyesight?	YES	NO
	Do you wear glasses / contact lenses?	YES	NO
Hearing	Do you have any difficulty with hearing?	YES	NO
	Do you wear a hearing aid?	YES	NO
Instructions	Do you have difficulty understanding simple instructions?	YES	NO
Walking	Do you need help with walking?	YES	NO
	Do you use walking aids?	YES	NO
	Do you wear orthopaedic appliances?	YES	NO
	Do you use a wheelchair?	YES	NO
	Would weight-bearing be a problem?	YES	NO
Please give any other information that you think would be useful for the RDA Group Instructor:			

4 DECLARATION

I wish to apply as a rider/carriage driver of an RDA Group and confirm that all details given are accurate, to the best of my knowledge.

I agree that should the Group Instructor require additional information on my medical condition, at any time, I will provide what is required and be willing to get a medical report from a Medical Professional who is familiar with my condition if necessary. I understand that I may be required to pay a fee for such a report.

I confirm that I will advise you immediately if any of the information provided on this form changes in any way. I recognise that this activity involves risk and that I, the rider/carriage driver, should take all reasonable precautions and follow all advice properly given.

I understand by nature, horses are unpredictable and that means they may react to a situation or to the local environment in such a way that a rider/vaulter/carriage driver may be unseated in an accident.

In the absence of any negligence on the part of the RDA or the Group, I accept that no liability will attach to either of them.

Photos/Videos	Do you consent to photographs /videos being taken during RDA activities for training and/or publicity?	Yes	No
Signature	Rider/Vaulter/Carriage Driver/Parent/Guardian (Delete as appropriate)	Date	

5 APPLICANT'S PARENT OR LEGAL GUARDIAN CONFIRMATION OF CONSENT TO JOIN RDA (If the form has been completed by a parent/legal guardian or if the applicant is under 18 years old)

Name			
Relationship to Applicant			
Address			
Home Telephone No.		Emergency Contact No:	

<u>RDA Group Use:</u>	Date Application Received: _____
Is application approved or declined? (delete as applicable)	<u>APPROVED/DECLINED</u>
Is Approval Subject to Trial Period Y/N	If Yes – Trial End Date: _____
APPLICATION REVIEW DATE (At least every 3 years)	_____

Terms and Conditions

1. Riders/drivers will be offered a session on the same day and at the same time each week (or fortnightly), on a term by term basis. The day and time offered will be the session considered the most appropriate and available at the time. This is subject to regular review and riders/drivers may at any stage be asked to change session or “take a break” from riding if their instructor feels this is appropriate.
2. For the welfare of the horses and ponies at the Centre, all riders/drivers will be weighed on the Centre’s scales at least once per term in their complete riding clothes. This information will be kept confidential on their rider files and only the Centre staff will have access to this and will only be used for the purpose of allocating a suitable horse or pony. We have a weight policy and our maximum limit is 15 stone (including adjustments). The weight limit for the Mechanical Horse is 15 stone (with no adjustments required).
3. Sessions are payable on a “Pay On The Day” scheme.
4. In the rare and exceptional circumstance that a ride is cancelled by the Centre, we will contact you with as much notice as possible.
5. No charge will be made if the rider/driver is unable to ride due to specific hospital treatment or an injury such as a broken limb that makes riding impossible for several weeks. However, if riders/drivers have an occasional appointment or go on holiday, they will still be charged unless we are given at least 24 hours notice so we can attempt to fill the slot with an alternative rider.
6. If riders/drivers have to cancel a session for a given week, please give as much notice as possible to avoid un-necessary preparation of horses and to allow us to inform our volunteers. Wherever possible, please do not leave cancelling your session until the day of your ride, unless due to unexpected illness.
7. The Centre provides riding hats for lessons to one of the current safety standards PAS015:1994 or PAS015:1998, ASTM F1163 (2004a), SNELL E2001 or VG1. If riders/drivers wish to purchase their own riding hat, please make sure it conforms to current standard, otherwise they will not be allowed to take part in riding.

Equine Therapeutic Centre
 Holme Lacy College
 Holme Lacy
 Hereford, HR2 6LL
 Telephone: 01432 870 831
 E-mail: info@rdahereford.org

**Please read the following, sign below
 and return with your application form.**

1. I recognise that riding is a risk sport and I voluntarily accept the risks involved. I further understand the need for the rider or carer to take all reasonable precautions. In the absence of any negligence on the part of Herefordshire RDA, I accept that no liability will attach to them.
2. I will inform the Centre of any change in address or contact number immediately.
3. I will inform the Centre of any change in medication or in my condition immediately.
4. I will provide an emergency contact on my registration form and also inform the Centre of any changes to their details.
5. I understand that any hostile, abusive or intimidating behaviour towards the staff or volunteers at the Centre may result in immediate termination of my riding sessions without notice.
6. I have read and agree to the Terms and Conditions set out by Herefordshire RDA.

Signed:	Date:
Rider/Parent/Legal Guardian/Carer	
Print Name of Signatory:	Relationship to Applicant: (If signing on their behalf)
Print Name of Rider:	

Schools/Groups: (Name of school/group if signing on rider's behalf)	Names of Riders attending sessions:
Signed by Teacher/Tutor:	Position in School/Group: