



# RIDER REGISTRATION FORM

**OFFICE USE**

Instructor:

Assessment Date:

Rider Level:

Instructor and/or Office Comments:

Client preferred day/time:

DD Rec'd  Y/N

JF Paid  Y/N

1<sup>st</sup> month's Subs paid  Y/N

Date RR Processed

## RIDER DETAILS - please complete all green boxes

Title & full name of rider:

First home address:

Post Code:

Second home address:  (If applicable)

Post Code:

Tel No:  Day:  Evening:  Mobile:

E-Mail:  (Adult's Address)

DOB:  Approx height & weight:  /

Occupation (adults):  Name of School (minors):

**Essential please - name, relationship and number of emergency contact:**

/  /

Please list below of any rider health and/or medical conditions we need to know about:

When and where did you last ride?:  /

Please tick box that best describes your current riding ability: -

- Never ridden before
- Able to ride at walk and trot off the lead-rein
- Able to ride independently at all paces
- All of the above, plus jump small fences
- Beyond all of the above - please describe in box below:

Continued Overleaf →

**RIDER REGISTRATION FORM Cont'd →**

How did you hear about us?

The information above will be held in accordance with the Data Protection Act 1998. However this information will be made available to our Insurers and any other parties in the event of any injury or incident.

Has the rider or the person signing on his/her behalf ever been involved in legal proceedings against a riding school or a similar activity (*circle as appropriate*)?

**I, the undersigned, acknowledge that RIDING IS A RISK SPORT and all horses will react unpredictably on occasions. I agree to comply with the directives of the staff and the Health and Safety requirements of Lavant House Stables.**

**Signature:**

*(To be signed by the parent or guardian for riders of seventeen years of age or below)*

**Print name:**

**Date:**

*Lavant House Stables reserves the right to refuse service to anyone at any time.*

<b>FOR OFFICE USE</b>	
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