

**Nenthorn Equestrian Centre, Nenthorn, Kelso TD5 7RY. 01573 224073.**

**YEAR 2014 Rider Registration Form.**

CONFIDENTIAL – PLEASE COMPLETE ALL SECTIONS & BOXES			
First Name		Surname	
Address			
Tel (home)		Tel (mobile)	
Email		Height	
		Weight	
Have you or the person you are signing for ever suffered a serious injury or discomfort while riding or been advised not to ride? 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			
EMERGENCY CONTACTS AND DOCTORS DETAILS			
Contact name & relationship		Tel	
Doctors name		Tel	
RIDING ABILITY – TICK ALL BOXES THAT APPLY			
I consider myself, or the person I'm signing for, to be a:			
Never ridden	<input type="checkbox"/>	Beginner	<input type="checkbox"/>
		Novice	<input type="checkbox"/>
		Intermediate	<input type="checkbox"/>
		Advanced	<input type="checkbox"/>
How many times have you ridden in the last year?	None	<input type="checkbox"/>	Under 12
		<input type="checkbox"/>	12-40
		<input type="checkbox"/>	40+
What do you believe the rider's riding capabilities to be?			
Riding at walk	<input type="checkbox"/>	Trotting with stirrups	<input type="checkbox"/>
		Trotting without stirrups	<input type="checkbox"/>
		Cantering	<input type="checkbox"/>
Hacking	<input type="checkbox"/>	Jumps up to 18" (0.5m)	<input type="checkbox"/>
		Jumps over 2ft9 (0.75m)	<input type="checkbox"/>
		X country	<input type="checkbox"/>
<b>RIDERS UNDER 16 YEARS OF AGE</b> 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.			
<b>RIDERS AGED 16 YRS AND OVER</b> I confirm that the above pre-assessed abilities are correct and I agree that <b>I ride entirely at my own risk.</b>			
<b>DATA PROTECTION ACT 1998:</b> 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 & Safety requirements of the establishment. I reserve the right not to ride a horse allocated to me or my child and or 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 <b>THAT RIDING IS A RISK SPORT AND HOLDS POTENTIAL DANGER, and that all horses may react unpredictably on occasions.</b>			
If signing on behalf of rider please state relationship to rider:			
Signature	Print name	Date	
TO BE COMPLETED BY INSTRUCTOR/SUPERVISOR ON BEHALF OF EQUESTRIAN CENTRE			
This client has been assessed and our judgement of their capabilities is as follows:			
Complete beginner (Lead rein/Lunge)	<input type="checkbox"/>	Beginner (Beginning walk & trot independently)	<input type="checkbox"/>
Novice (Walk, trot, canter independently)	<input type="checkbox"/>	Intermediate (Jumping, Stage 1)	<input type="checkbox"/>
Advanced (Stage 2, Equivalent and above)	<input type="checkbox"/>		
Assessment lesson content: (delete as appropriate)		Walk/Trot/Canter/No Stirrups/Jump/Lateral	
OFFICE USE – ASSESSMENT LESSON			
Horse used		Lesson type	
Date	Signature	Print Name	