



## ABBOTSHOLME SCHOOL EQUESTRIAN CENTRE (01889) 594277 RIDER REGISTRATION FORM

First Name..... Surname.....

Address.....

..... Postcode .....

Telephone..... Date of birth .....

Boarder Yes/No

If yes, please give Boarding House and Parent .....

Height ..... Weight .....

Are there ANY existing Conditions that your Instructor or Medical Practitioner should be aware of in an emergency, ie. asthma, diabetes, allergies Yes/No

If yes, please give details .....

Emergency Contact Name and Number .....

What do you believe your (or the person you are signing for) capabilities to be?

Riding at walk Yes/No Riding over jumps up to 70cm Yes/No

Trotting with stirrups Yes/No Riding over jumps up to 90cm Yes/No

Trotting without stirrups Yes/No Riding over jumps above 90cm Yes/No

Cantering Yes/No Galloping Yes/No

Have you passed the BHS or Pony Club Riding and Road Safety Exam Yes/No

How many times have you (or the rider) ridden in the last 12 months? Please tick

None  0-10  10-40  40+

I acknowledge that riding is a high risk sport and whilst every effort is made to ensure suitability, all horses can react unpredictably on occasions. I understand that I must obey the instructions of the Centre staff at all times. I confirm that all the information given on this form is accurate to the best of my knowledge. Once booked, lessons will be charged for, unless 24hrs notice of cancellation is given.

Signed..... Parent/Guardian. Date .....

To be completed by Instructor:

..... has been assessed and my judgement of their capabilities is as follows:

- Complete Beginner      - Lead rein or lunge only
- Beginner                    - Walk and trot independently
- Novice                      - Walk, trot, canter independently
- Intermediate              - Jumping up to 70cm. Stage I
- Advanced                  - Jumping over 70cm. Stage 2+

Assessment lesson content:

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Horse used..... Date.....

Instructor..... Signature.....