



**ABBOTSHOLME SCHOOL EQUESTRIAN CENTRE (01889) 594277
SPORTASTIC RIDER REGISTRATION FORM**

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

Address.....

..... Postcode

Telephone..... Date of birth

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