



# RIDER REGISTRATION FORM

## CONFIDENTIAL – Please complete all sections

First Name:	Surname:
Address:	
Tel (Home):	Email:
Tel (Mobile):	
Date of Birth:	Age:
Weight:	Height:
Occupation:	
Have you, or the rider you are signing for ever suffered a serious injury or discomfort whilst riding or been advised not to ride? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, please describe	
Please detail any disability or medical conditions that may affect your ability to ride. This may include but not be limited to any back problems and any condition, which can affect balance or cause blackouts/loss of consciousness/fitting etc.	

## EMERGENCY CONTACT

Contact Name and Relationship _____ Tel: _____
--

## RIDING ABILITY / DECLARATION – tick all boxes that apply

I consider myself (or the person for whom I am signing on behalf of as a minor) to be a: Complete Beginner <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 12 months? None <input type="checkbox"/> Under 12 <input type="checkbox"/> 12-40 <input type="checkbox"/> 40+ <input type="checkbox"/>
What do you believe your or the rider's capability on a horse or pony to be? Riding at a walk <input type="checkbox"/> Trotting with stirrups <input type="checkbox"/> Trotting without stirrups <input type="checkbox"/> Canter <input type="checkbox"/> Hacking <input type="checkbox"/> Riding over jumps up to 0.5m (18") <input type="checkbox"/> Riding over jumps up to 0.75m (30") <input type="checkbox"/> Riding over cross country jumps <input type="checkbox"/>
<ul style="list-style-type: none"><li>I confirm that to the best of my knowledge all the above details are correct.</li><li>I have read the Horse Riders' Code of Conduct overleaf. I understand that riding at any standard has inherent risk that I may fall off and could be injured. I accept the risk and agree that the riding school will not be liable for injury or damage to property unless it is caused by their negligence.</li><li>Where I am signing on behalf of a minor I have explained the Riders' Code of Conduct to my child and we both accept the risk and agree that the riding school will not be liable for injury or damage to property unless it is caused by their negligence.</li><li>I have read and understood the lesson booking and cancellation policy and agree to abide by it at all times.</li><li>I agree that the emergency contact details provided may be used in the event of a situation arising where CEC staff deem the event constitutes an emergency. If you do not agree to this then you CANNOT take part in any riding activities at Caistor Equestrian Centre.</li><li>I agree that the telephone number(s) above can be used in the event it is necessary to contact me regarding a previously made booking.</li><li>Data Protection Act 1998: Statement: I understand that 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.</li></ul>

Signature:	Date:
Name:	
If signed on behalf of a minor: Rider's Name _____	Relationship to Minor: _____

## TO BE COMPLETED BY INSTRUCTOR/SUPERVISOR

This client has been assessed and our judgement of their capabilities as is 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"/>
Name: _____	Position: _____ Signature: _____
Assessment lesson content: Walk <input type="checkbox"/> Trot <input type="checkbox"/> Canter <input type="checkbox"/> Jump <input type="checkbox"/> W/O Stirrups <input type="checkbox"/> Lateral <input type="checkbox"/>	
Horse used _____	Date: _____
Time: _____	Lesson Type: _____

## EQUINE CLUB MEMBERSHIP WITH INSURANCE

Do you wish to be included as a member of The Equine Club with inclusive Public Liability Insurance Cover of up to £1 Million and Personal Accident Cover of up to £15,000 for serious injury? Full details of costs and cover on request and available online at <a href="http://www.equineclub.co.uk">www.equineclub.co.uk</a> . You will be granted FREE membership to The Equine Club providing benefits and savings for a variety of offers from time to time – cover and membership is suitable for Owners, Riders and Spectators alike. This is primarily an Internet-based Club so it would assist if you would ensure you have provided an email address (of parents of any child under 16 years) to receive your membership details.	
Fee Paid? _____	Email address: _____



# RIDER REGISTRATION FORM

## THE HORSE RIDERS CODE OF CONDUCT

- I understand that riding at any standard has inherent risk and that all horse may react unpredictably on occasions.
- I may fall and could be injured. I accept that risk.
- I understand that instruction is given for my safety and agree to follow instructions given to me by staff and instructors of the riding school.
- I reserve the right not to ride a horse allocated to me and may request a change of instructor.
- I understand that wearing an appropriate riding hat and body protector may reduce the severity of an injury should an accident happen and agree that I will always wear a riding hat whilst riding, leading and grooming horses at the riding school. I understand it is my choice whether I wear a body protector.
- I understand that the riding school will make decision based on information I give them and agree to always be honest and volunteer information about:
  - My abilities and riding experience
  - Any previous riding accidents
  - Any medical condition(s) which may affect my ability to ride
- I understand that children are at a risk around horses and agree that I will keep children that I am responsible for, under close supervision when they are not being instructed by the riding school.
- I understand that the riding school may refuse my request to ride for safety or operational reasons.
- I understand that competing carries enhanced risk over and above general riding and agree that if I chose to participate in any competition or event, it is up to me to ensure that I have the experience and ability to ride the course including any jumps which form part of it. If I am in any doubt, I will use my judgement and experience and not enter.

<b>Photographic rights</b> Clients and parents/guardians give permission for any photographic and/or film or TV footage taken of persons or horse/ponies taking part in competitions, pony club activities or general lessons to be used and published in any media form whatsoever for editorial purposes or advertising by or on behalf of Caistor Equestrian Centre or The Pony Club. I understand that Caistor Equestrian Centre and/or The Pony Club will always select photos/footage with care and respect for those shown.	<input type="checkbox"/> I agree
<b>Contacting you regarding offers/services/competitions etc</b> From time to time we would like to contact you with details of other equestrian offers/services/competitions we provide which we believe you may be interested in.  However, we cannot do this without your permission. So please tick all the ways we can contact you.	<b>I Agree to CEC contacting me by</b> <input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> Phone <input type="checkbox"/> SMS
<b>Contacting you in the event of an emergency or previous booking</b> I agree that Caistor Equestrian Centre may use my telephone number(s) to contact me in the event of a situation that Caistor Equestrian Centre staff deems to constitute an emergency or if it is necessary to discuss changes to a previously booked lesson or activity. Please note that you CANNOT use any of our facilities or take part in any riding activities without giving us this permission.	<input type="checkbox"/> I agree
<b>Permission to store data according to new GDPR law.</b> I agree to Caistor Equestrian Centre storing details of my rider registration form on their database; this will not be shared with any other parties and will only be used for contacting you. This information will be secured by physical or approved electronic means and appropriate action will be taken if there is a breach in policy. You can read our full privacy and security policy at <a href="http://www.caistorequestriancentre.com/privacy-policy.html">http://www.caistorequestriancentre.com/privacy-policy.html</a>	<input type="checkbox"/> I agree

Signed: ..... Date: .....