



**SOUTH ESSEX  
INSURANCE BROKERS**

# RIDER REGISTRATION FORM

Name of Equestrian Establishment – *Caistor Equestrian Centre*

**CONFIDENTIAL – Please complete all boxes**

First name :		Surname :	
Address		Post Code .....	
Home Telephone No		Mobile Number	
Email address			
Date of Birth		Age	Weight
Height		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Have you ever suffered serious injury or discomfort whilst riding?			
If yes, please describe			
Please detail any disability or medical condition that may affect your ability to ride or which our instructor should be aware of in case of emergency (e.g. <b>back problems, diabetes, pregnancy, etc.</b> )			
<b>EMERGENCY CONTACT DETAILS</b>			
Name		Telephone	
<b>RIDING ABILITIES – Tick all boxes that apply</b>			
<b>I consider myself to be a</b>			
Complete beginner <input type="checkbox"/>	Beginner <input type="checkbox"/>	Novice <input type="checkbox"/>	Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>
<b>How many times have you ridden in the last 12 months?</b>			
None <input type="checkbox"/>	Less than 12 <input type="checkbox"/>	12-40 <input type="checkbox"/>	40+ <input type="checkbox"/>
<b>What do you believe your capabilities on a horse or pony to be?</b>			
Riding at a walk <input type="checkbox"/>	Trotting with stirrups <input type="checkbox"/>	Trotting without stirrups <input type="checkbox"/>	Cantering <input type="checkbox"/>
Hacking <input type="checkbox"/>	Riding over jumps up to 0.5m <input type="checkbox"/>	Over jumps 0.75m <input type="checkbox"/>	Riding over cross country jumps <input type="checkbox"/>
<p>I acknowledge <b>THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER</b> and that all horses may react unpredictably on occasions. I understand that I must obey the instructions of the instructor and must comply with the Health &amp; Safety requirements of the establishments. I reserve the right not to ride a horse allocated to me and request a change of instructor.</p> <p>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 have read and understand the lesson booking and cancellation policy and agree to abide by it at all times.</p> <p><b>RIDERS AGED 16 YEARS AND OVER:</b> I confirm that the above pre-assessed abilities are correct and I agree that I ride entirely at my own risk.</p> <p><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.</p> <p><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 parties in the event of any injury or incident.</p>			
If signing on behalf of a rider please state relationship to rider:			
<b>Signature</b>		<b>Print Name</b>	<b>Date</b>
<b>TO BE COMPLETED BY INSTRUCTOR / SUPERVISOR</b>			
This client has been assessed and our judgement of their capabilities is as follows:			
Complete Beginner (lead rein/lunge) <input type="checkbox"/>		Beginner (beginning to walk and 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 :
<b>Assessment Lesson Content</b>			
Walk <input type="checkbox"/>	Trot <input type="checkbox"/>	Canter <input type="checkbox"/>	Jump <input type="checkbox"/> Without stirrups <input type="checkbox"/> Lateral <input type="checkbox"/>
Horse Used :		Lesson Type :	
Date :		Time :	