

CETC Rider Registration Form

Confidential: Please complete all sections below so that we are able to provide the best possible cover in case of emergency.

First Name: _____ Surname: _____

Address: _____

Postcode: _____

Tel (Home): _____ (Mobile): _____

Email: _____

Date of Birth: _____ Today's Date: _____

Have you ever suffered a serious injury (not necessarily connected with riding?): Yes/No _____

If Yes, please describe: _____

Have you ever suffered discomfort whilst riding? Yes/No _____

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 for example. If you are unsure about any existing medical conditions please consult your doctor.

Please give brief details of any medication or assistance we may need to know about that may affect your ability to ride safely:

Do you take any routine medication: Yes/No If Yes, please state: _____

Emergency Contact

Contact Name & relationship: _____

Tel: _____

Riding ability/Declaration (to be completed by client)

Complete beginner (lead rein/lunge) _____ Beginner (beginning walk & trot independently) _____

Novice (walk, trot, canter independently) _____ Intermediate (jumping, up to 2ft) _____

Advanced (BHS Stage 2, equivalent & above) _____

Goals that you would like to reach within the next 12 months: _____

Print Name: _____ Date: _____

Signature: _____ If signed on behalf of a minor (under 18):

Rider's Name: _____ Relationship to minor: _____

Please Turn Over/:

The Horse Riders Code of Conduct

- I understand that riding at any standard has inherent risk and that all horses may react unpredictably on occasions.
- I may fall off and could be injured. I accept that risk.
- I understand that instructions are 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 while riding, leading and grooming at the riding school.
- I understand it is my choice whether or not I wear a body protector if I am an adult – over 18. I understand that if I am riding in the cross country fields I must wear a body protector. Young people, under 18, must wear body protectors at all times whilst riding.
- I understand that my riding instructor will make decisions 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 particular 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 undertake the ridden tasks including any jumps which form part of it. If I am in any doubt, I will use my judgement and experience and not enter.

Signed: ----- Dated:

This client : Name: has been assessed & our judgement of their capabilities is as follows:

Complete Beginner (Lead rein/Lunge) Beginner (Beginning Walk & Trot independently)

Novice (Walk, Trot, Canter independently) Intermediate (up to Stage 1) Advanced (Stage 2, Equiv & above)

Name: _____ **Position:** _____ **Signature:** _____

ASSESSMENT LESSON CONTENT:

Walk Trot Canter Jump W/O Stirrups Lateral

Horse used:

Date: _____ **Time:** _____

Lesson type: