



RIDER REGISTRATION FORM

Witham Villa Riding Centre

CONFIDENTIAL – Please complete all sections

First name:	Surname:
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Address:

Tel (Home): Tel (Mobile):	Email:
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Date of birth:	Age:
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Weight:	Height:
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Occupation:

Have you, or the rider you are signing for, ever suffered a serious injury or discomfort while riding or been advised not to ride? 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 etc.

EMERGENCY CONTACT for us to contact someone on the spectators/riders behalf

Contact name and relationship:..... Tel:.....

RIDING ABILITY/ DECLARATION – tick all boxes that apply

I consider myself (or the person riding for who I am signing on behalf as a minor) to be a:
 Complete Beginner..... Beginner..... Novice..... Intermediate..... Advanced.....

How many times have you or the rider ridden in the last 12 months? None..... Under 12..... 12-40..... 40+

When was the last time your rode? Where did you last ride?

What do you believe your or the rider's capability on a horse or pony to be?
 Riding at a walk.....Trotting with stirrups.....Trotting without stirrups..... Canterng..... Hacking.....
 Riding over jumps up to 0.5M (18").....Riding over jumps up to 0.75M (30").....Riding over cross country jumps.....

I confirm that to the best of my knowledge all the above details are correct.
 I have read and understood and agree to abide by the Horse Riders' Code of Conduct. I understand that riding at any standard has inherent risk that I may fall off and could be injured and all horses can react unpredictably at times.
 I accept that risk and agree that the riding school will not be liable for injury or damage to property unless it is caused by their negligence.
 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.
 I have read and understand the lesson booking and cancellation policy and agree to abide by it all times.
 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.
 I confirm that I have read, understood and agree to the Witham Villa Instructor and Rider Charter

Signature.....Date.....

Name.....

If signed on behalf of a minor: Rider's Name.....Relationship to minor

Where did you hear about Witham Villa

TO BE COMPLETED BY INSTRUCTOR/ SUPERVISOR

This client has been assessed and our judgment of their capabilities is as follows: Complete Beginner (Lead rein/ Lunge
 Beginner (Beginning Walk & Trot Independently)..... Novice (Walk, Trot, Canter Independently).....

Intermediate (Jumping, Stage 1)..... Advanced (Stage 2, Equivalent and above)

Assessment Lesson Content: Walk.....TrotCanter..... JumpW/O Stirrups..... Lateral.....

Name..... Position.....Signature.....

Horse Used.....Date.....

Time.....Lesson Type.....