

Rider Registration Form

Laurel View Equestrian Centre

Confidential – Please complete all sections on both sides

First Name:		Surname:	
Address:			
		Postcode:	
Tel:		Mobile:	
Email:		DOB:	Age:
Height:		Weight:	

Have you ever suffered a serious injury whilst riding, or been advised not to ride? Yes/No If yes, please give details:

Please detail any disability or medical conditions. This may include any back problems and any conditions, which can affect balance, concentration, breathing or cause blackouts/loss of consciousness/fitting.

Emergency Contact Name:	Relationship:
Tel:	Mobile:

Rider Declaration: I consider myself or the person for whom I am signing on behalf of to be (please circle as appropriate)

Never ridden before Beginner Novice Intermediate Advanced

How many times have you/rider ridden in the past 12 months?

What do you believe your or the rider's capability to be on a horse or pony? (Please circle and complete as appropriate)

Riding at walk Trotting with stirrups Trotting without stirrups Cantering Hacking

Riding over jumps (*specify height*) Riding over cross-country jumps (*specify height*)

Rider Assessment completed by Instructor - The client has been assessed & our judgement of their capabilities is as follows:

Complete beginner (lead rein/lunge)	Beginner (Managing walk & trot independently)	Working towards Stage 1 (Walk, trot, canter independently)
Working towards Stage 2 (walk, trot, canter, SJ)	Working towards Stage 3 (walk, trot, canter, jump – SJ & XC)	Working towards Stage 4+

Assessment Lesson Content:

Walk	Trot	Canter
W/O Stirrups	Jump	Lateral Work
On-lunge	Off-lunge	
Horse Used:	Lesson Type:	Date/Time:
Instructor Name:	Signature:	

Horse Riders Code of Conduct

- I understand that riding at any standard has inherent risk and that all horses may react unpredictably on occasions and I may fall off and could be injured. I accept that risk.
- I understand that the riding school may refuse my request to ride for safety and operational reasons
- I understand that instructions are given for my safety and agree to follow instructions given to me by staff and instructors at the riding school.
- I understand I should discuss any concerns I may have, including allocation of horse or instructor, with the centre.
- I understand that wearing a correctly secured riding hat, that meets current safety standards, may reduce the severity of an injury. I agree I will always wear the riding hat whilst riding, or on other occasions as requested by the Centre.
- I understand and agree to follow the centre's rules on the wearing of a body protector.
- I understand that the riding school 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 can be at particular risk around horses and agree that I will keep any I am responsible for, under close supervision when they are not being instructed by the centre.

I confirm that to the best of my knowledge all the above details are correct. I have read 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. 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.

GENERAL DATA PROTECTION REGULATION (GDPR) - I understand that the information I've given will be held in accordance with GDPR but may also be made available to insurers and other concerned parties in the event of any injury or accident.

Signature:	Print Name:
If the rider is under the age of 18 this form must be signed by a parent or guardian.	Date:
Rider's Name:	Relationship to minor:
<p>Photographs and Videos: I understand and consent to the use of photographs and videos (please tick) <input type="checkbox"/></p> <p>Laurel View may for marketing, advertising and record keeping purposes have occasion to store digital photographs or videos of riders taken during lessons/activities/shows. These images will only be used in the publication of printed material, website/social media and promotional items regarding the activities of the riding school. The copyright of this material will be retained by the riding school. If you do not wish your photos to be used, you can change your mind at any time by letting the office know in verbal and written form. Laurel View will take all reasonable steps to ensure no images are used where parents, guardians or carers have expressly requested against their use.</p>	
<p>Request for emails about future events/activities: (Please tick the box if you would like to opt in) <input type="checkbox"/></p> <p>I would like Laurel View to contact me by email about upcoming events or activities that might be of interest to me or my family via the email listed on the page overleaf. I understand that this data will not be passed to any other party and that I can request to be removed from these emails at any time.</p>	
How did you hear about Laurel View? (e.g. Friend, Website, Leaflet, Social Media)	