

Nelson Park Riding Centre Ltd

St Margaret's Road, Woodchurch, Birchington, Kent, CT7 0HJ

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www.nelsonpark.co.uk



HEALTH AND SAFETY FORM

Riding Client Staff Student Livery

Name _____
Address _____
Date Of Birth _____ Age _____ Height _____ Weight _____
Telephone No _____ Mobile No _____
Email address _____

IN CASE OF EMERGENCY PLEASE CONTACT - (NEXT OF KIN DETAILS)

Name	_____	Name	_____
Relationship	_____	Relationship	_____
Address	_____	Address	_____
Telephone	_____	Telephone	_____
Mobile	_____	Mobile	_____

KNOWN MEDICAL CONDITIONS

If you have any medical conditions such as Pregnancy, Asthma, Diabetes, Epilepsy, Heart Condition, Bone Weakness, Major Operations, Mental Illness or Allergies please complete the section below :

Type of Medical Condition _____
Any Medication Taken _____
Allergies & Reactions _____

PLEASE NOTE IF YOU ARE OR YOU SUSPECT YOU ARE PREGNANT YOU RIDE AT YOUR OWN RISK.

PREVIOUS RIDING EXPERIENCE

Amount of time riding _____ Years _____ Months _____ When was the last time you rode ? _____

Level of experience Never Ridden Walk Trot Canter Jumping XC Hacking

ANY OTHER INFORMATION

Please complete below if you have any other information that you would like staff to be aware of prior to riding at Nelson Park Riding Centre Ltd, such as bad past experiences, nervousness, goals and any riding qualifications you may have (BHS, NVQ, PONY CLUB etc.)

PLEASE SIGN BELOW

I have fully understood the Nelson Park Riding Centre Ltd guidelines (*please ask office staff for your own copy if you require*)

Signed _____ Date _____

REMEMBER - RIDING IS A RISK SPORT !
NPRC OPERATES A NO SMOKING POLICY IN ALL AREAS

UNLESS IT IS NEEDED IN A MEDICAL EMERGENCY

THE INFORMATION GIVEN ON THIS FORM IS STRICTLY CONFIDENTIAL

If any of your information changes, you must inform Nelson Park Riding Centre Ltd immediately.

