

NELSON PARK RIDING CENTRE

St Margaret's Road, Woodchurch, Birchington, Kent, CT7 0HJ
Tel : 01843 822251



RIDER REGISTRATION FORM / HEALTH & SAFETY RECORD

First Name Surname

Address
 Postcode

Tel: (home) Tel: (mobile)

Email @

Date Of Birth Age Weight Height

Occupation

Have you ever suffered serious injury or discomfort whilst riding? YES NO When?

If YES, please describe :

Known Medical Conditions & Medication Taken :

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 :

EMERGENCY CONTACT

Name Tel Relationship

RIDING ABILITIES - Tick ALL boxes that apply

I consider myself to be a (tick one box)

Complete Beginner Beginner
Novice Intermediate Advanced

How many times have you ridden in the last 12 months ?

None Less than 12
12-40 40+

What do you believe your capabilities on a horse / pony to be ?

Riding at walk Trotting with stirrups Trotting without stirrups Cantering Hacking
Riding over jumps upto .5m +feet/ins) Over jumps .75m (+feet/ins) Riding over Cross Country Jumps

I acknowledge **THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER**, and that all horses and ponies may react unpredictably on occasions. I understand that I must obey the instructions of the instructor and must comply with the health and safety requirements of the establishments. I reserve the right not to ride a horse allocated to me and request a change of instructor.

I confirm that to the best of my knowledge all the above details are correct and agree to abide by it at all times.

RIDERS AGED 16 YRS AND OVER : I confoirm that the above pre-assessed abilities are correct and I agree that I ride entirely at my own risk.

RIDERS UNDER 16 YRS OF AGE : I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct.

DATA PROTECTION ACT 1998: 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 injury or incident.

If signing on behalf of rider please state relationship to rider. _____

Signature Print Name Date / /