



SMELTINGS FARM EQUESTRIAN TRAINING LTD CLIENT REGISTRATION AND ENROLMENT FORM

CONFIDENTIAL – Please complete all boxes

First Name: Surname:

Address:

Email: Date of Birth:

Height: Weight: Tel:(Home)

Tel:(Work) Tel:(Mobile)

Occupation:

Have you ever suffered serious injury or discomfort whilst riding? Yes No

If yes, please describe:

Please detail any medical conditions that may affect your ability to ride or which your instructor should be made aware of in case of emergency (e.g. back problems, diabetes)

EMERGENCY CONTACT

Name and relationship:

Tel Numbers:

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 ridden in the last 12 months? None Under 12 2-40 40+

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

Riding at a walk Trotting with stirrups Trotting without stirrups Cantering

Riding over jumps up to 0.5m Riding over jumps 0.75m Riding over cross country jumps

- I confirm that to the best of my knowledge all the above details are correct.
- I have read the Horse Riders' Code of Conduct overleaf. I understand that riding at any standard has inherent risk that I might 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 fully understand the lesson booking and cancellation policy and agree to abide by it at all times.
- Clients are asked to read Smeltings Farm Riding Centres Health & Safety Policy, which is available in reception.
- 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 injury or accident.

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

Signature: _____ Print Name: _____ Date: _____

THE HORSE RIDER'S 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 whilst riding and handling horses at the riding school. I understand it is my choice whether or not I wear a body protector.
- I understand that I should wear suitable footwear when riding or handling the horses, such footwear means sturdy shoes/boots with a small heel and little or no tread.
- I understand that the riding school will make decisions based on the information I give them and agree to always be honest and volunteer information about
 - my abilities
 - 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 ride the course 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.....

TO COMPLETED BY INSTRUCTOR/SUPERVISOR

This client has been assessed and our judgement 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)

Name: _____ Position: _____ Signature: _____

Horse used: _____ Date: _____ Time: _____ Lesson Type: _____

ASSESSMENT LESSON CONTENT: Walk Trot Canter Jump W/O Stirrups Lateral

Notes: