



BROOKE HOUSE COLLEGE

Rider Registration Form for Somerby Equestrian Centre

CONFIDENTIAL – Please complete all sections and boxes

Rider: First Name(s):

Rider: Surname:

Address:

Parent/Guardian Telephone: Home:

Mobile:

Parent/Guardian E-mail:

Rider: Date of Birth:

Age:

Weight:

Height:

Has the rider ever suffered serious injury or discomfort whilst riding or been advised not to ride?

YES

NO

If yes, please describe:

Please detail **any** disability or medical conditions that may affect the rider’s ability to ride or which their instructor should be aware of in case of emergency. This can include back problems and any condition which can affect balance or cause blackouts / loss of consciousness/ fitting etc:

EMERGENCY CONTACT INFORMATION

Name: Relationship to Rider: Telephone:

RIDING ABILITIES – Tick all boxes that apply

I consider the rider to be a: Complete Beginner Beginner Novice Intermediate Advanced

How many times has the rider ridden in the last 12 months? None Less than 12 12-40 40+

What do you believe the rider’s capabilities on a horse or pony to be?

Riding at a walk Trotting with stirrups Trotting without stirrups Cantering

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

I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct. I accept that my child rides entirely at his/her own risk. **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 concerned parties in the event of any injury or accident. I understand that the rider must obey the instructions of the instructor and must comply with the Health and Safety requirements of the establishments. The rider reserves the right not to ride a horse allocated to them and request a change of instructor. I confirm to the best of my knowledge all of the above details are correct and that I have read the Horse Riders’ Code of Conduct on the second page of this document. I acknowledge **THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER, and that all horses may react unpredictably on occasions.**
Please state relationship to rider:
Signature: Print Name: Date:

The Horse Riders' Code of Conduct

- 1) I understand that riding at any standard has inherent risk and that all horses may react unpredictably on occasions.
- 2) I may fall off and could be injured. I accept that risk.
- 3) 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.
- 4) I reserve the right not to ride a horse allocated to me and may request a change of instructor.
- 5) 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, leading and grooming horses at the riding school. I understand it is my choice whether or not to wear a body protector.
- 6) 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 and riding experience
 - Any previous riding accidents
 - Any medical condition(s) which may affect my ability to ride
- 7) 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.
- 8) I understand that the riding school may refuse my request to ride for safety or operational reasons.
- 9) 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 judgment and experience and not enter.