

NEWET – Rider Registration Form

mr/mrs/miss/ms/		
first names:		
surname:		
address:		
	POST CODE:	
Date of Birth:		
e-mail address:		
Telephone (home) (mobile)		(work)
Person to contact should anything happen to you (eg parents/spouse/ next of kin)		
Name:		Tel:
Details of experience		
Are you: Beginner/ Novice/ Experienced? How long have you been riding		
Indicate which of the following you have done:		
Walk Trot Canter Gallop	Jumping: In arena (state height) Cross Country	Work without stirrups Walk & Trot Canter
Have you done any of the following competitively? If so, please state to which level		
Dressage Show jumping Hunting		Hunter trials Affiliated Eventing Unaffiliated Eventing
Other details: Please add details of any other experience		
How many times have you ridden in last 12 months? Never/ Less than 12 / 12-40 / 40+		

Please give details of your horse (age/experience/ level of training)

Aim of Lessons/Goals:

Medical History

Please let us know if you have any illness, disability or medical condition of which we should be aware (eg back problems, diabetes, pregnancy, allergies)

Insurance

Riders must have in place their own suitable third party public liability cover (at least) and a copy of the policy schedule should be attached.

insurance company:

policy number:

please attach a copy of the policy schedule

RIDING IS A RISK SPORT. Your choice to ride is voluntary and at your own risk. We strongly advise you take out full personal accident cover. A riding hat is compulsory and we strongly advice the use of a body protector.

I acknowledge that riding is a risk sport and holds a potential danger and that all horses may react unpredictably on occasions. I understand that I must obey the instructions of the instructor and comply with the Health and Safety requirements of the establishment. A parent or guardian of riders under 16 years must sign this form.

Riders aged 16 years and over: I confirm that the above information is accurate and acknowledge that I choose to ride at my own risk.

Riders aged under 16 year: I accept full responsibility for my child and confirm that the above information is accurate.

Signed.....

PRINT NAME:

Date.....

**Return to:
Caroline howlett, South Farm Cottage, Colwell, Hexham. NE46 4TL**

07881827899

O F F I C E USE	Instructor initials:	Instructor initials:
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All information is stored in accordance with current Data Protection legislation and not passed on to any third parties