



Rider's Registration Form

Confidential – Please complete all sections below in black ink

****All lessons must be paid a minimum of 1 week in advance. No refund will be given unless notice of cancellation is given 48 hours in advance. Please also ensure that you arrive 5-10 minutes prior to the start of your lesson****

First Name: _____ Surname: _____

Address and Postal Code: _____

Tel: (Home) _____ Tel: (Mobile) _____

Date of Birth: _____ Weight: _____ Height: _____

Occupation: _____

Have you, or the rider you are signing for, ever suffered a serious injury or discomfort while riding or been advised not to ride?

YES ☐ NO ☐

If YES, please describe:

Please detail any disability or medical conditions that may affect your ability to ride. This may include, but not be limited to: Back Problems, Asthma, Diabetes etc.

Emergency Contact:

Contact Name: _____ Relationship: _____

Phone Number: _____

Riding Ability/Declaration – please check all appropriate

I consider myself (or the person riding for whom I am signing on behalf of as a minor) to be a:

Complete Beginner ☐ Beginner ☐ Novice ☐ Intermediate ☐ Advanced ☐

I am (or the person riding for whom I am signing on behalf of as a minor) are able to:

Groom & Tack Up Unaided ☐ Mount & Dismount ☐ Check and Adjust Equipment ☐

Ride at Walk ☐ Trot With Stirrups ☐ Trot Without Stirrups ☐

Canter With Stirrups ☐ Canter Without Stirrups ☐ Jump ☐

Ride Outside at all Paces, including Jumping ☐



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I acknowledge **THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER**, and that **all** horses may react unpredictable on occasion.

I understand that I must obey the instructions of the instructor and must comply with the health and safety requirements of CC Equestrian. I confirm that, to the best of my knowledge, all the above details are correct. A parent or guardian of riders under the age of 16 must sign this form.

I have read and accept the lesson, booking and cancellation policy and agree to abide by it at all times.

RIDERS UNDER 16 YEARS OF AGE – I accept full responsibility on behalf of the child and confirm that the above pre-assessed abilities are correct.

DATA POTECTION ACT 1998 Statement. I understand that the information that 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 any injury or accident.

If required, I consent to **First Aid** being administered by a qualified First Aider

Yes ☐ No ☐

Signature: _____

Print Name: _____ Date: _____

If signed on behalf of a minor:

Rider's Name: _____ Relationship to Minor: _____

To be completed by Instructor:

This client has been assessed and our judgement of their riding capabilities is as follows:

Complete beginner (Lead Rein/Lunge)	☐	Beginner (Beginning to Walk and Trot Independently)	☐
Novice (Walk, Trot, Canter, Jump)	☐	Intermediate (Jumping)	☐
Advanced (Walk, Trot, Canter Independently)	☐		

Assessment Lesson Content:

Walk ☐ Trot ☐ Canter without Stirrups ☐ Lateral ☐ Jump ☐

Horse Used: _____ Lesson Type: _____

Date: _____ Time: _____

Instructors Name: _____ Signature: _____