

CLIENT REGISTRATION FORM – HAMPSHIRE RIDING THERAPY CENTRE LTD,(HRTC)

**CONFIDENTIAL – Please complete all sections and boxes
PARENT or GUARDIAN of Clients UNDER the AGE of SIXTEEN MUST sign this form**

First Name		Family Name/Surname		
Date of Birth	Age:	Weight:	Height:	
Address				
Post Code				
Tel: (Home)		Mobile:		
Email Address:				
Have you, (or the person you are signing for), ever suffered a 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 your ability to ride or which your instructor should be aware of in case of an emergency arising:				
PERSON TO CONTACT IN AN EMERGENCY & DOCTOR'S DETAILS				
Contact name and relationship:		Tel no/s:		
Doctor's name:		Tel no:		
RIDING ABILITY – Please underline all statements which apply.				
I consider myself, (or the person riding for whom I am signing on behalf of, as a minor) to be				
New rider, (not ridden before)	Beginner	Novice	Intermediate	Advanced
How many times have you ridden in the last twelve months?	None	Less than 12	12 – 40	40+
What do you believe your, or the person you are signing for, capabilities of riding a horse or pony to be? (Please underline all that apply)				
Riding at a walk	Trotting with stirrups	Trotting without stirrups	Cantering	Hacking
Riding over jumps,(up to 0.5m – 18")	Riding over jumps,(up to 0.75m – 30")	Riding over cross-country jumps		
DECLARATION – Riding is a RISK SPORT, and HOLDS POTENTIAL DANGER.				
I understand that the minor I am signing on behalf of or I must obey the instructions of the instructor and must comply with the Health & Safety requirements of HRTC. I confirm that to the best of my knowledge all the above details are correct. I understand that if I cancel the booked activity in less than twenty-four hours, I will incur the full cost of that activity.				
Riders aged 16 years and over: I confirm that the above pre-assessed abilities are correct and that I ride entirely at my own risk. I understand that riding is a RISK SPORT AND HOLDS POTENTIAL DANGER and that all horses may react unpredictably on occasions.				
Signature _____		Date ____/____/____		
Print Name _____		If signing on behalf of rider/client, please state relationship _____		
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 occurring.				
ASSESSMENT – To be completed by instructor/Supervisor on behalf of HRTC				
The client has been assessed and my/our judgement of their capabilities is as follows:				
Complete beginner,(Lead rein, lunge)	Beginner(Beginning to walk & trot independently)	Novice,(Walk, trot, canter independently)		
Intermediate (Jumping, Stage 1)	Advanced, (Stage 2 equivalent and above)			
ASSESSMENT LESSON CONTENT:				
Horse used:	Walk Lesson type:	Trot Date:	Canter Without stirrups Time:	Jump Lateral work
Signature _____	Print Name _____	Position _____		
HRTC is The British Horse Society, (BHS) and The Association of British Riding Schools, (ABRS) recognised, and have insurance in place which covers public liability				