

**CLYNE FARM CENTRE
HORSE RIDING REGISTRATION FORM**



For riders under the age of 18; the rider's parent or guardian must sign this form.

About You (or the rider you are signing for)							
First Name:		Surname:					
Tel (Home):		Tel (Mobile):					
Email Address:							
Home Address:							
Date of Birth:		Age:	Height:				
Doctors Name & Surgery:		Doctor Tel:					
Emergency Contact Name:		Emergency Contact Tel:					
Emergency Contact Relationship to You:							
Have you ever suffered a serious injury or discomfort while riding or been advised not to ride?							
Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes please describe;							
Please detail any disability or medical conditions/medication that may affect your ability to ride.							
This may include but not be limited to any back problems and any conditions, which can affect balance or cause blackouts/loss of consciousness/fitting and so on (eg, asthma, diabetes, epilepsy, heart condition). Include any details of which your instructor should be aware of in case of an emergency:							
Your Horse Riding Ability (or the rider you are signing for)							
Do you consider yourself to be a riding Complete Beginner <input type="checkbox"/> Beginner <input type="checkbox"/> Novice <input type="checkbox"/> Intermediate <input type="checkbox"/> Advanced <input type="checkbox"/>							
How many riding lessons have you had in the last 12 months? None <input type="checkbox"/> Less than 5 <input type="checkbox"/> 5 to 10 <input type="checkbox"/> 10+ <input type="checkbox"/>							
What do you believe your capability to be on a horse or pony?							
Riding at walk <input type="checkbox"/> Trotting with stirrups <input type="checkbox"/> Trotting without stirrups <input type="checkbox"/> Cantering <input type="checkbox"/> Hacking <input type="checkbox"/>							
Riding over jumps up to 0.5m <input type="checkbox"/> Riding over jumps up to 0.75m <input type="checkbox"/> Riding over cross-country jumps <input type="checkbox"/>							
Declaration							
<ul style="list-style-type: none"> • I confirm in that to the best of my knowledge all of the above details are correct. • I understand that I must obey the Health and Safety requirements of the Centre. • I have read the Horse Riders' Code of Conduct. I understand that riding at any standard has inherent risk that I may 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 Horse Riders' Code of Conduct to the 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 understand the Centres booking and cancellation policy and agree to abide by it at all times. • 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. • We may take photos during your time at Clyne Farm Centre to use in our marketing and social media. If you do not give permission for us to use these photos and information please tick here: <input type="checkbox"/> • If you do not wish to receive news and special offers via email and/or mail please tick here: <input type="checkbox"/> 							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">Signature:</td> </tr> <tr> <td style="padding: 5px;">Print Name:</td> </tr> <tr> <td style="padding: 5px;">Relationship to rider you are signing for:</td> </tr> <tr> <td style="padding: 5px;"><small>If applicable.</small> Date:</td> </tr> </table>				Signature:	Print Name:	Relationship to rider you are signing for:	<small>If applicable.</small> Date:
Signature:							
Print Name:							
Relationship to rider you are signing for:							
<small>If applicable.</small> Date:							
OFFICE USE ONLY							
To be completed by Instructor/Supervisor on behalf of Clyne Farm Centre This client has been assessed and our judgement of their capabilities is as follows:							
Complete Beginner (Lead Rein/Lunge) <input type="checkbox"/> Beginner (Beginning walk & trot independently) <input type="checkbox"/>							
Novice (Walk, trot, canter independently) <input type="checkbox"/> Intermediate (Jumping, Stage 1) <input type="checkbox"/> Advanced (Stage 2, Equivalent and above) <input type="checkbox"/>							
Assessment Lesson Content:							
Walk <input type="checkbox"/> Trot <input type="checkbox"/> Canter <input type="checkbox"/> W/O Stirrups <input type="checkbox"/> Jump <input type="checkbox"/> Lateral <input type="checkbox"/>							
Horse Used:		Lesson Type:					
Date:		Time:					
Signature:		Print Name:	Position:				



The Horse Riders' 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 at the riding school.
- 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 I wear a body protector.
- I understand that the riding school will make decisions based on 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
- I understand that children are at particular risk around horses and agree that I will keep any 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 and 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.

By signing the Clyne Farm Centre Horse Riding Registration Form customers have agreed to abide by The Horse Riders' Code of Conduct.

Clyne Farm Centre: Members of and inspected by The Wales Trekking and Riding Association (WTRA), & The British Activity Providers Association (BAPA).