

## Arrow Equestrian Rider Registration Form

Please complete both sides of the form if this is your first experience of Arrow Equestrian or if any of your details have changed since your last visit. Please print clearly.

Date(s) of visit \_\_\_\_\_

Name \_\_\_\_\_

Tel: \_\_\_\_\_ (day) \_\_\_\_\_ (evening)

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County \_\_\_\_\_ Post code \_\_\_\_\_

e-mail address: \_\_\_\_\_

Contact name and Tel in case of emergencies \_\_\_\_\_

The following questions are designed to assist us in assessing your capabilities prior to your lesson. It is vital that you answer each question honestly and accurately for your own safety and well being during your time at Arrow Equestrian. All information is confidential and records are kept in a secure location. Tick where appropriate.

Height:

Weight

Date of Birth

Have you ever suffered serious injury or pain whilst riding? YES/NO

If YES, is the pain managed?

Please describe below:

### Medical History

Please detail any medical conditions that may affect your ability to ride or handle horses including but not restricted to:

- (i) any information which we need to be made aware of (eg asthma, diabetes, allergies etc)
- (ii) any pre-existing medical conditions
- (iii) any injuries, old and recent

Clients must carry their own necessary medicines and inform their teacher of any special precautions that must be carried out in order to ensure their safety.

(Continue overleaf....)

**Horsemanship abilities** (Please tick the most appropriate)

**I consider myself to be.**

- a) Little experience in riding and handling horses
- b) Have ridden quite a lot but have never owned a horse
- c) Have/had my own horse and have ridden quite a lot
- d) Have ridden for several years. Confident in general riding/handling skills
- e) Ride regularly and confident and competent in riding/handling most horses.

**Relative to your age how would you rate your riding fitness level?**

Average

Below average

Above average

**Additional Information or Requests including any confidence issues:**

I confirm that to the best of my knowledge, all the above details are correct.

**Please read carefully and sign below.**

I understand that riding is a risk sport and participation may hold potential danger and that all horses may react unpredictably on occasions. I acknowledge that I participate in "Arrow Equestrian Club" activities and ride Arrow horses at entirely my own risk and that no responsibility can be accepted by the organisers nor any person connected with Arrow Equestrian Club or Weston House Farm for any accident, injury, illness or loss or damage to property or persons howsoever caused. I also acknowledge that while under instruction, I have the right to choose not to participate in any exercise or activity offered.

**We recommend that all participants have their own personal accident and injury insurance.**

By signing this you are agreeing to your details being kept on a computer. Your details will not be shared with any third party. We will periodically send out details, usually by email, of Arrow activities and events which we think you may be interested in.

If you would prefer not to receive emails tick this box

Signed \_\_\_\_\_ (parent if under 18yrs) Date \_\_\_\_\_

**Additional Notes by Arrow instructor:** I have assessed this person and agree with their judgement of their abilities or have amended them below

Signed \_\_\_\_\_