



ANGLESEY RIDING CENTRE

Confidential – Please complete all sections below

First Name:		Surname:	
Address:		Postcode:	
Tel:	Mobile:		
Email:	DOB:	Age:	
Height:	Weight:		

Have you ever suffered a serious injury whilst riding, or been advised not to ride? Yes/No? If yes please give details:

Please detail any disability or medical conditions 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

Emergency Contact No.1

Name:	Relationship:
Tel:	Mobile:

Emergency Contact No. 2

Name:	Relationship:
Tel:	Mobile:

Rider Declaration
I consider myself to be:

Never ridden before Beginner Novice Intermediate Advanced

How many times have you/rider ridden in the past 12 months?

What do you believe your capability to be on a horse or pony?

Riding at walk Trotting with stirrups Trotting without stirrups Cantering Galloping

Riding over jumps (Specify height) Riding over cross-country jumps (Specify height)

Horse Riders Code of Conduct

- I understand that riding at any standard has inherent risk and that all horses may react unpredictably on occasions and I may fall off and could be injured. I accept that risk.
- I understand that the riding school may refuse my request to ride for safety and operational reasons
- 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 I should discuss any concerns I may have, including allocation of horse or instructor, with the centre.
- I understand that wearing a correctly secured riding hat, that meets current safety standards, may reduce the severity of an injury. I agree I will always wear the riding hat whilst riding, or on other occasions as requested by the Centre.
- I understand and agree to follow the centre's rules on the wearing of a body protector.

Please turn over

- 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 can be at particular risk around horses and agree that I will keep any I am responsible for, under close supervision when they are not being instructed by the centre.

I confirm in that to the best of my knowledge all of the above details are correct. 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 Riders' Code of Conduct to my 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 have read and understand the lesson booking and cancellation policy, and agree to abide by it at all times. **Data Protection Statement:** I understand that the information I have given will be held in accordance with the Data Protection Act 2018 but may also be available to insurers and other parties in the event of injury or accident.

Signature:	Date:
If the rider is under the age of 18 this form must be signed by a parent or guardian:	Name:
Signature:	Relationship:

Rider Initial Assessment - To be completed by Instructor The client has been assessed and our judgement of their capabilities is as follows:

Complete beginner (lead rein/lunge)	Beginner (Managing walk & trot independently)	Working towards Stage 1 (Walk, trot, canter independently)
Working towards Stage 2 (walk, trot, canter, SJ)	Working towards Stage 3 (walk, trot, canter, jump – SJ & XC)	Working towards Stage 4+
Assessment Lesson Content:		
Walk	Trot	Canter
W/O Stirrups	Jump	Lateral Work
On-lunge	Off-lunge	Forward Seat Canter
Horse Used:	Lesson Type:	Date/Time:
Name of Instructor:	Signature:	

Please use the space below to record any extra notes from the assessment, use an extra sheet of paper if required: