



WITHAM VILLA - RIDER REGISTRATION FORM - CONFIDENTIAL

First name	<input type="text"/>	Surname	<input type="text"/>
Address	<input type="text"/>		
Tel (Home)	<input type="text"/>	Tel (Mobile)	<input type="text"/>
Email	<input type="text"/>		
Date of birth	<input type="text"/>	Age	<input type="text"/>
Weight	<input type="text"/>	Height	<input type="text"/>
Occupation	<input type="text"/>		

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 any back problems and any condition, which can affect balance or cause blackouts/loss of consciousness/fitting etc.

EMERGENCY CONTACT for us to contact someone on the spectators/riders behalf

Contact name and relationship	<input type="text"/>	Tel	<input type="text"/>
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RIDING ABILITY/ DECLARATION - tick all boxes that apply I consider myself (or person riding for who I am signing on behalf as a minor) to be a:

Complete Beginner	<input type="checkbox"/>	Beginner	<input type="checkbox"/>	Novice	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advanced	<input type="checkbox"/>	How many times have you or the rider ridden in the last 12 months?	<input type="text"/>
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When was the last time you rode? Please tick the boxes below to show your riding capability:

Riding at a walk	<input type="checkbox"/>	Trotting with stirrups	<input type="checkbox"/>	Trotting without stirrups	<input type="checkbox"/>	Cantering	<input type="checkbox"/>	Hacking	<input type="checkbox"/>
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Riding over jumps up to 0.5m (18")	<input type="checkbox"/>	Riding over jumps up to 0.75m (30")	<input type="checkbox"/>	Riding over cross country jumps	<input type="checkbox"/>	Where did you last ride?	<input type="text"/>
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PLEASE TICK THE FOLLOWING BOXES TO SHOW YOU AGREE OR DISAGREE

Photo Consent Allows us to use photos that include your image ☐ **Email** I agree to being contacted by email ☐

SMS I agree to being contacted by Text message ☐ **Social Media** I agree to being contacted via social media channels ☐

Landline & Mobile I agree to being contacted by landline/mobile ☐ **Media Comms** I agree to being contacted by digital/social media ☐

Medical I agree to us holding medical information ☐ I agree to the terms of this contract and the details given are true and correct ☐

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

I have read and understood and agree to abide by 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 and all horses can react unpredictably at times.

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 all times.

Data Protection Act 2018: Statement: I understand that information I have given will be held in accordance with the Data Protection Act 2018 but may also be made available to Insurers and other concerned parties in the event of any injury or accident.

I confirm that I have read, understood and agree to the Witham Villa Instructor and Rider Charter

Signature	<input type="text"/>	Name	<input type="text"/>
		Date	<input type="text"/>

Rider's Name if signed on behalf of minor	<input type="text"/>	Relationship to minor	<input type="text"/>
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Where did you hear about Witham Villa?