## **Ballawhetstone Stables: Rider Registration Form**

Please complete for the person riding			
First Name:	Surname:	Weekly Lesson Day/Time	
Address:			
		Postcode:	
Tel :	Confirm Tel number f	or text message service :	
Email:			
Date of Birth:	Age:		
MEDICAL DECLARATIO	<u>N</u>		
	you are signing for, ever suffered s / No If yes, please describe:	a serious injury or discomfort while riding or been	
Please confirm if the rid	der has any known allergies:		
Please detail any disabi	ility/medical conditions.		
that are here for a pon	y day or long time. Medication m will need to take the medication	with the administering of medication for children nust be supplied by the parents with clear written themselves, but an instructor could assist with the	
		e immediate medical action. In the case of an d phone your emergency contact if they are not on	
Emergency contact nar	ne:		
Relationship	Tel:		
RIDING ABILITY			
I consider myself (or th	e person riding for who I am sigr	ning on behalf of as a minor) to be a:	
Complete beginner	Novice Intermediate Ad	vanced	
How many times has th	ne rider ridden in the past 12 mo	nths: None fewer than 12 Over 12	
What do you believe th	ne rider's capability to be on a ho	irse or pony:	
Riding at walk Trott	ting Jumping Cantering.	Hacking	
		essons at a different riding school, if yes, please	
images may be used ou	urselves for promotional purpose	ns and events, including Pony Club sessions. These es via newsletters, social media and print media. On ad office for use in the newsletter, websites or other	
		PLEASE SIGN ON THE REVERSE OF THIS FORM	

To comply with the Data Protection Act 2018, we need your permission before we can photograph or make any recordings of your child. Please answer the questions below.

- May we use your child's photograph in Pony Club printed publications that we produce for promotional purposes? Yes / No
- May we use your child's image on our social media sites? Yes / No
- May we record your child's image on video? Yes / No
- Are you happy for your child to appear in the media? Yes / No
- Are you happy for your child's name to accompany any of the above? Yes / No

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 agree to be contacted by Ballawhetstone Stables by Email, Text Message or Telephone regarding any Riding related issues. If you do not wish to be contacted by email, please tick here

I agree to Ballawhetstone Stables Terms and Conditions (A copy of which is available upon request)

Data Protection Act 2018: Statement: I understand that the 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.

In order to comply with the GDPR regulations, we are required to hold the information we have requested for 10 years. The data is stored in a locked cabinet and is not disclosed to any other parties.

## **<u>Riders Code of Conduct</u>**

• 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 standard 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 whist 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 and 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.

Signature:		
Print Name:	Date:	
If signed on behalf of a minor:		
Adults Name:	_Relationship to minor:	_