

Please complete this form (**in block capitals**) before your child rides. It is essential that we know how well they can ride and some medical details to ensure their safety and that of the horse. Thank you for your co-operation and we hope that they enjoy riding with us!

*Diana Ralph*

Personal Details	
First name	<input type="text"/>
Surname	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
Post code	<input type="text"/>
Tel (home)	<input type="text"/>
Tel (mob)	<input type="text"/>
Height	<input type="text"/>
Weight	<input type="text"/>
Age	<input type="text"/>
EMAIL	<input type="text"/>
Religion, if applicable to medical treatment	<input type="text"/>

Emergency Contacts	
Name	<input type="text"/>
Relationship	<input type="text"/>
Tel	<input type="text"/>

Medical Details	
Doctor's Name	<input type="text"/>
Tel	<input type="text"/>
Please detail ANY disability or medical condition that may affect their ability to ride or of which their instructor should be aware in case of emergency. For example: insect allergies, asthma, epilepsy, medicine allergies, visual or hearing problems etc.	
<input type="text"/>	

Date of last Tetanus Injection	<input type="text"/> / <input type="text"/> / <input type="text"/>
<i>(You are strongly advised to have your child inoculated.)</i>	<input type="text"/>

Riding Ability	How many times have they ridden in the past 12 months	<input type="text"/>
<input type="checkbox"/> They have never ridden before	They can ride at the following paces independently of anyone else:	
<input type="checkbox"/> Beginner	<input type="checkbox"/> walk	<input type="checkbox"/> canter
<input type="checkbox"/> Novice	<input type="checkbox"/> trot with stirrups	<input type="checkbox"/> hacking out
<input type="checkbox"/> Intermediate	<input type="checkbox"/> trot without stirrups	<input type="checkbox"/> gallop
<input type="checkbox"/> Experienced		<input type="checkbox"/> jumps up to 0.5m (18in)
<input type="checkbox"/> I have personal liability insurance cover on their behalf		<input type="checkbox"/> jumps over 0.75m (30in)
<input type="checkbox"/> I have personal accident insurance cover on their behalf		<input type="checkbox"/> cross country jumps

I understand that

- riding is a risk sport and the choice for my child or ward to ride is my wholly voluntary one.
- all animals are unpredictable and, despite a suitable horse being chosen to the best of the instructor's ability, it is impossible to guarantee complete safety at all times.
- it is the stable's policy that a current B.S.I. approved helmet *must be worn at all times* when mounted and failure to do so may result in your child or ward being refused to ride.
- They must obey the instructions of the instructor at all times, but I reserve the right for my child or ward not to ride the horse allocated to them or request a change of instructor.
- that the information that I have given is covered under the Data Protection Act (1998) and will be held in accordance with that Act, but may be made available to insurers or other concerned parties in the event of any injury or accident.

I accept that Diana Ralph or her appointed representatives disclaim any responsibility or liability for any injury suffered by my child or ward whilst on her premises or as a direct or indirect result of their riding or associated activity. In the event of any accident to them, or any other condition requiring prompt medical or dental treatment, and in the event that I (or my next of kin) am unable to make any decision on behalf of my child or ward, I hereby authorise the organiser or their representative to give permission for such treatment as is recommended by a qualified medical or dental practitioner. I certify that I am the child's parent/guardian/appointed agent and that the above statements are true and I know of no physical reason why they should not ride.

Signed	Name (Block Caps)	Date
--------	-------------------	------

Riding Ability Assessment by Instructor/Supervisor		
Our judgement of their capabilities is :	Content of Assessment Ride/Lesson	Horse used
<input type="checkbox"/> Complete beginner (Lead rein/Lunge)	<input type="checkbox"/> Walk	<input type="text"/>
<input type="checkbox"/> Beginner (Beginning walk and trot independently)	<input type="checkbox"/> Trot	
<input type="checkbox"/> Novice (Walk, Trot, Canter independently)	<input type="checkbox"/> Canter	
<input type="checkbox"/> Intermediate (Jumping, Stage 1)	<input type="checkbox"/> Without stirrups	
<input type="checkbox"/> Advanced (Stage 2 equivalent or above)	<input type="checkbox"/> Jumping	
Signed	Position	Date