

CLIENT INFORMATION FORM

FOR SCHOOL USE ONLY

Name

Address

.....

.....

Tel No Mob

Your or parents e-mail

D.O.B Height Weight

- RIDING EXPERIENCE: - Please tick most appropriate
- I have never ridden before
 - I have been on a horse once or twice before
 - I can walk & trot independently
 - I can walk, trot & canter independently
 - I am an experienced rider though rusty
 - I am a current and experienced rider
 - I am fully fit
 - I do not suffer from heart disorder, fits or any physical infirmity
 - I am not pregnant
 - I am taking prescribed medication for:-

I confirm I have disclosed any disability likely to affect my riding.

I hereby agree that the above statements are true and I know of no physical reason why I should not ride. I will inform the riding school of any changes to the above information that may affect my riding.

DATE SIGNATURE
(Signature of parent or guardian if under 16)

TREK LEADER/TEACHER

NAME OF HORSE GIVEN

TIME OF RIDE

DURATION OF RIDE

VENUE OR ROUTE OF RIDE

OK / REFER ACCIDENT BOOK

ASSESSED AS PER DETAILS GIVEN: - YES / NO

REMARKS:

TO BE KEPT FOR 4 YEARS

CLOSE THE WINDOW TO RETURN TO THE WEBSITE