

Summerhouse Equitation Centre

Course Registration Form

Personal Details: - All these details will be treated as "Confidential"

Name _____ Date of Birth _____
Weight _____ Height _____
Address _____ Telephone (Day) _____
_____ Telephone (Eve) _____
_____ Email _____

Contact details in case of emergency: Name _____
Relationship _____ Number _____

Have you ever suffered serious injury or discomfort whilst riding? Yes No

If yes, please describe:

Please detail any medical conditions that may affect your ability to ride (e.g. back problems) or which your instructor should be made aware of in case of emergency.

Riding Abilities

I consider myself to be a:

Beginner
Novice
Intermediate
Advanced

Exams or PC Tests achieved

Pony Club
BHS
NVQ
Other

Course Attending

Stage 1
Stage 2
Stage 3
PTT

Date
Date
Date
Date

Any other information that might be relevant

I acknowledge that riding is a risk sport and participation may hold potential danger, and that all horses may react unpredictably on occasions. I understand that I must obey the instructions of the ride escort or instructor. I reserve the right not to ride a horse allocated to me,.

I confirm that to the best of my knowledge all the above details are correct. This form must be signed by a parent or guardian of riders under the age of 16.

Signed _____

Date _____

Print Name _____
