

# Abbotsholme Equestrian Centre



## Rider Registration Form

First Name..... Surname.....

Address.....

..... Postcode .....

Telephone..... Date of birth .....

Boarder Yes/No If yes, please give Boarding House and Parent .....

Height ..... Weight .....

Are there ANY existing Conditions that your Instructor or Medical Practitioner should be aware of in an emergency, ie. asthma, diabetes, allergies Yes/No If yes, please give details

.....

Emergency Contact Name and Number .....

What do you believe your (or the person you are signing for) capabilities to be?

Riding at walk	Yes/No	Riding over jumps up to 70cm	Yes/No
Trotting with stirrups	Yes/No	Riding over jumps up to 90cm	Yes/No
Trotting without stirrups	Yes/No	Riding over jumps above 90cm	Yes/No
Cantering	Yes/No	Galloping	Yes/No

How many times have you (or the rider) ridden in the last 12 months? Please tick

None  0-10  10-40  40+

Are you a member of any riding club, pony club or BHS? Yes/No

Give details.....Membership Number.....

Have you passed any formal equestrian qualifications (BHS, EQL, Pony Club etc.)? Yes/No  
(If yes please fill out previous qualifications form)

As the horses get older it is common for them to develop visual problems, therefore some of our ponies have partial sight, this is being closely monitored by ourselves and the Vets, they have passed a Vets assessment to work. If you would prefer yourself/your child to not ride a partially sighted horse please tick here.

I acknowledge that riding is a high risk sport and whilst every effort is made to ensure suitability, all horses can react unpredictably on occasions. I understand that I must obey the instructions of the Centre staff at all times. I confirm that all the information given on this form is accurate to the best of my knowledge. Once booked, lessons will be charged for, unless 24hrs notice of cancellation is given.

Signed..... Parent/Guardian. Date .....

To be completed by Instructor:



..... has been assessed and my judgement of their capabilities is as follows:

- Complete Beginner      - Lead rein or lunge only
- Beginner                    - Walk and trot independently
- Novice                      - Walk, trot, canter independently
- Intermediate            - Jumping up to 70cm. Stage 1
- Advanced                 - Jumping over 70cm. Stage 2+

Assessment lesson content:

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Horse used..... Date.....

Instructor..... Signature.....

## Equestrian Qualifications Form

First Name.....Surname.....

Address

.....

..... Postcode .....

Telephone..... Date of birth .....

Ethnic Origin (please tick)

British (White)	<input type="checkbox"/>	Irish (White)	<input type="checkbox"/>	Any other white	<input type="checkbox"/>
White & Black Caribbean	<input type="checkbox"/>	White & Black African (mixed)	<input type="checkbox"/>	White Asian (mixed)	<input type="checkbox"/>
Any other mixed	<input type="checkbox"/>	Indian (Asian & Asian British)	<input type="checkbox"/>	Pakistani (Asian & Asian British)	<input type="checkbox"/>
Bangladeshi (Asian or Asian mixed)	<input type="checkbox"/>	Any other Asian	<input type="checkbox"/>	Caribbean (Black or Black British)	<input type="checkbox"/>
African (Black or black British)	<input type="checkbox"/>	Any other black	<input type="checkbox"/>	Chinese (Chinese or other ethnic group)	<input type="checkbox"/>
Any other ethnic group	<input type="checkbox"/>	Not specified	<input type="checkbox"/>		<input type="checkbox"/>

Please list any specific assessment requirements

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Please List any previous equestrian qualifications?

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How long do you intend on being at school? .....

Qualifications Aim? (Please tick all that apply)

EQL Diploma Level 1	<input type="checkbox"/>
EQL Diploma Level 2 Care	<input type="checkbox"/>
EQL Diploma Level 2 Riding	<input type="checkbox"/>
BHS Stages	<input type="checkbox"/>
BHS Progressive Riding Tests	<input type="checkbox"/>

**Equestrian Qualification Form Continued**  
**Assessment by instructor Findings**

Name.....

**Riding Level**

**Horse Used**

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**Care Level**

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**Qualification suggested pathway (Please tick all that apply)**

EQL Diploma Level 1	
EQL Diploma Level 2 Care	
EQL Diploma Level 2 Riding	
BHS Stages	
BHS Progressive Riding Tests	

**Instructor Signed .....** **Date.....**