**BERKSHIRE RIDING CENTRE Ltd**

**CLIENT REGISTRATION FORM**

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| **CONFIDENTIAL – PLEASE COMPLETE ALL BOXES**  (if under 18, contact details should be that of parent or guardian) |

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| --- | --- |
| First Name | Surname |

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| ADDRESS  Post code: | | | | | | |
| CONTACT NUMBER: | Landline: | | | Mobile: | | |
| Email: | | DoB: | Age: | | Weight: | Height: |

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| **Where did you hear about us? – (*tick as appropriate)*** | | | |
| From a friend? | Search Engine? (e.g. Google) | Facebook? | Other – please explain? |

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| **RIDING ABILITY** | | | | |
| I consider myself to be *(tick as appropriate)* : | | | | |
| COMPLETE BEGINNER | BEGINNER | NOVICE | INTERMEDIATE | ADVANCED |

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| How many times have you ridden in the last 12 MONTHS? | | | |
| NONE | LESS THAN 12 | 12 - 40 | 40 + |

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| COMMENTS: e.g. are you nervous or have you had a bad equestrian experience? Have you only ever ridden in an enclosure? |

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| HAVE YOU OWNED YOUR OWN HORSE OR PONY BEFORE? – yes / no  IF YES, DO YOU OWN A HORSE OR PONY NOW? - yes / no |

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| WHEN WAS THE LAST TIME YOU RODE A HORSE OR PONY?  WHAT DID YOU DO? |

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| WHAT DO YOU BELIEVE YOUR CAPABILITIES ON A HORSE OR PONY TO BE? | | | |
| Riding at walk | Trotting with stirrups | Trotting without stirrups | cantering |
| Hacking | Riding over jumps up to 50 cms. | Riding over jumps up to 75 cms. | Riding over c.c. jumps |

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| **EMERGENCY CONTACT** NAME:    TEL. NO: |
| Have you ever suffered serious injury or discomfort whilst riding YES NO |
| If yes please describe: |

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| Are there any medical details which may affect your ability to ride, or which your instructor should be aware of in case of an emergency? e.g. back problems, diabetes, pregnancy, recent accident etc. |

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| **PLEASE READ & SIGN THE DECLARATION BELOW.**  I ACKNOWLEDGE THAT, HORSE-RIDING IS A RISKY SPORT AND HOLDS A POTENTIAL DANGER. I ALSO ACKNOWLEDGE THAT HORSES ARE SOMETIMES UNPREDICTABLE AND DO NOT ALWAYS RESPOND AS EXPECTED.  I UNDERSTAND THAT I MUST LISTEN TO THE INSTRUCTIONS OF THE INSTRUCTOR AT ALL TIMES AND COMPLY WITH HEALTH AND SAFETY REQUIREMENTS OF THE BERKSHIRE RIDING CENTRE LTD.  I RESERVE THE RIGHT TO NOT RIDE A HORSE ALLOCATED TO ME AND TO REQUEST A CHANGE OF INSTRUCTOR.  I CONFIRM THAT TO THE BEST OF MY KNOWLEDGE ALL THE DETAILS GIVEN ABOVE ARE CORRECT, AND MAY BE USED TO FACILITATE THE LESSON(S) I PURCHASE.    I AM AWARE THAT, ALLTHOUGH THE BERKSHIRE RIDING CENTRE LTD MAINTAINS HIGH SAFTEY STANDARDS I AM RIDING AT MY OWN RISK.  I AM A  IF SIGNING ON BEHALF OF A MINOR I ACCEPT THAT THESE RISKS AND CONDITIONS APPLY TO MY CHILD ALSO.  I HEREBY AGREE THAT NO LIABILITY SHALL FALL UPONBERKSHIRE RIDING CENTRE LTD OR THE ORGANISERS, IN RESPECT OF ANY LOSS, INJURY OR DAMAGE, HOWEVER CAUSED TO MY PERSON OR PROPERTY.  IN THE CASE OF MY CHILD, IF EMERGENCY MEDICAL/ DENTAL TREATMENT IS REQUIRED IN MY ABSENCE, I AUTHORISE THE CENTRE’S OFFICIALS TO OBTAIN SUCH TREATMENT AS THEY REASONABLY CONSIDER NECESSARY. (*NOTE THE CENTRE WILL MAKE EVERY EFFORT TO CONTACT YOU FIRST*).  ***I have ALSO read and understand the lesson booking and CANCELLATION/REFUND******Policy - 24 hrs & 48 hrs for some weekend lessons.***  **SIGNED: DATE:**  If under 18 years old this should be signed be signed by the parent or guardian |

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| **Data Protection - Consent:**  Please read our privacy policy which can be found on our website – [www.brc.uk.com](http://www.brc.uk.com) – under the “about us tab”.  In this client registration form you have supplied us with personal data - contact information, physical/ brief medical information plus information about your level of horsemanship.  We confirm that this information will be stored securely, will never be given or sold to third parties and will only be used by us to refine / deliver/ communicate with you about the lessons/ services you have, or will, purchase.  Please sign below to give us your consent to store and use this information.  Signed: Date (if under 18 this should be signed by parent or guardian) |

**OUTCOME OF ASSESSMENT LESSON – completed by instructor**

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| Date of ass. Lesson: | Time: | Instructor: | Horse used: |

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| Complete Beg.( LR- L) | Beginner (W/T ind.) | Novice (W/T/C ind.) |
| Intermediate( jump /Stage 1) | Adv.( Stage 2/ Eq) | Adv.+ |

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| **Assessment:** | **Yes / no** | **Comment** |
| Walk |  |  |
| Trot rising / sitting |  |  |
| Canter |  |  |
| Health & Safety discussed |  |  |
| Other comments: |  |  |

Next Step:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Berkshire Riding Centre Ltd, Crouch Lane, Winkfield, Berks SL4 4TN.**

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