

PONY MAGIC RIDER REGISTRATION FORM

Personal and Contact Details – CONFIDENTIAL

Please complete all sections.

FULL NAME (rider)			
ADDRESS			
EMAIL ADDRESS			
Please tick to confirm you agree for us to add you to our mailing list and contact you with news and offers			
TELEPHONE NUMBER			
Emergency Contact			
AGE		DATE OF BIRTH	
Please detail ANY DISABILITY OR MEDICAL CONDITION that may affect your ability to ride or which your instructor may need to know, including any previous injuries or discomfort when riding, or if you have been advised not to ride.			
Has your child ever ridden before?	YES		NO
<p>Riders under 16 years of age: I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct. I accept my child rides at his/her own risk.</p> <p>Data Protection Act 1998: I understand that the information I have given will be held in accordance with the Data Protection Act 1998 but may also be made available to insurers and other concerned parties in the event of any injury or accident.</p> <p>I understand that I must obey the instructions of the instructors and must comply with the Health and Safety requirements of the establishment. I reserve the right to not ride a horse allocated to my child or me and or request a change of instructor.</p> <p>I confirm that to the best of my knowledge all the above details are correct. A parent or guardian of riders under the age of 16 must sign this form.</p> <p style="text-align: center;">I acknowledge that riding is a risk sport and holds a potential danger, and that all horses/ponies may react unpredictably on occasions.</p>			
Relationship to rider		Print Name	
Signature		Date	

TO BE COMPLETED BY SUPERVISOR/INSTRUCTOR

Session Type/Content			
Time		Date	
Signature		Name	