

CONFIDENTIAL – Please complete all boxes

First name:		Surname:	
Address:			
Tel (Home):		Tel (Mobi):	
Date of birth:	Age:	Any special diet (Vegetarian, intolerances etc)	
Has your child suffered serious injury or discomfort while riding?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If yes please describe:			
Please detail any disability or medical condition that may affect your child's ability to ride that we need to be aware of (e.g. Asthma, allergies)			
In what is your child sleeping at camp.....		Are they sharing.....	
With who are they sharing.....		Is there any space(s) available?.....	

EMERGENCY CONTACT

Name	Relationship to Rider
Daytime Tele:	Evening Tele:

RIDING ABILITIES – Tick all boxes that apply

Complete Beginner Beginner
 Novice Intermediate Advanced

I Acknowledge THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER, and that all horses may react unpredictably on occasions.
 I understand that I must obey the instructions of the instructor and must comply with health & safety requirements of the establishment.
 I confirm that to the best of my knowledge all the above details are correct. The parent or guardian of riders under the age of 16 must sign this form.
RIDERS AGED 16YRS OR OVER: I confirm that the above pre-assessed abilities are correct and I agree that I ride entirely at my own risk...
RIDERS UNDER 16YRS OF AGE: I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct.
DATA PROTECTION ACT 1998: Statement: 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 parties in the event of any injury or incident.

If signing on behalf of rider please state your relationship to rider:

Signature :	Print name:	Date:
-------------	-------------	-------