

**North Ryedale Riding Club ADULT RIDER REGISTRATION FORM – CONFIDENTIAL**

Please complete all questions.

First name.....

Surname.....

Address.....

Tel (Home).....Tel (Mob) .....

Any special diet (Vegetarian, intolerances etc)

.....

.....

Have you ever suffered severe injury or discomfort while riding? YES ..... NO.....

If YES, please explain .....

.....

Please detail any disability or medical condition that may affect your ability to ride that we need to be aware of (e.g. Asthma, allergies) .....

.....

What are you sleeping in at Camp? .....

EMERGENCY CONTACT Name.....

Relationship to rider .....

Daytime Tel..... Mobile .....

RIDING ABILITIES – Complete Beginner Beginner Novice Intermediate

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. 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.

***Your Personal Information***

*Personal information that you supply to us may be used in a number of ways to facilitate your riding club membership. It should be noted that as we are affiliated to the British Horse Society as a British Riding Club, your personal information will be shared with them in order to fulfil your BRC membership benefits and they may share with associates for the purpose of fulfilling your full membership benefits i.e. insurance providers.*

*We / BRC will automatically contact you about your membership: for example, to ensure you receive your membership benefits, to tell you about news, activities and events. This includes sending you a regular magazine, email updates, information on other membership benefits, and publishing competition times and results in the public domain.*

*To see our full Privacy Policy, or if you need any further information, please write to us at:  
nrrc.membership@gmail.com or go to: [www.nrrc.co.uk](http://www.nrrc.co.uk)*

Signature..... Print name..... Date.....

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

**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:
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