



# GROVE HOUSE STABLES



GROVEWOOD ROAD • MISTERTON • DONCASTER • SOUTH YORKSHIRE  
B.H.S. and A.B.R.S. Approved Equestrian Centre  
Comprehensive Equestrian Training from Hourly Lessons through to Examination Courses

## Riding Client Acceptance Form

Rider Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Age: \_\_\_\_\_

Parent / Guardian Name (If applicable): \_\_\_\_\_

Full Postal Address: \_\_\_\_\_  
\_\_\_\_\_

E mail address \_\_\_\_\_

Tel. No. \_\_\_\_\_ Approx. height: \_\_\_\_\_ Weight \_\_\_\_\_

Contact name & phone no. In case of emergency: \_\_\_\_\_

Previous Riding Experience? \_\_\_\_\_

Leader required? \_\_\_\_\_

Medical conditions: \_\_\_\_\_

Doctor's name: \_\_\_\_\_ Surgery: \_\_\_\_\_

Doctor's Tel. No.: \_\_\_\_\_

### Instructions:

1. Horse Riding is a risk sport, participation therefore holds potential danger.
2. Horses are sometimes unpredictable & do not always respond as expected.
3. We advise all persons participating in any equestrian activity to ensure that they have adequate personal accident insurance.
4. We allocate horses & riders taking in to account experience & suitability. However all riders reserve the right not to ride a horse allotted to them.
5. All clients must wear a riding hat approved to current B.S.I. standard when participating in riding activities.
6. All clients are asked to wear suitable footwear & to wear gloves.
7. Clients are asked not to wear jewellery of any description when riding or in the stable area.
8. All instructors are trained & competent to teach to their detailed level. All clients retain the right to request a change of instructor.
9. ***Cancellations: Please can we remind all our clients that cancellations must be advised by 4.00pm on the day prior to your booking. In the event of a booking being cancelled after this cut-off, a charge of 50% of the lesson/booking price will be made, and in the event of non-attendance without notification, 100% of the lesson price will be charged. Cancellations made with less than 1 hour's notice will also be charged full lesson price. Clothing must be waterproof as lessons continue regardless of weather conditions.***

### Acceptance:

I declare that I have read the information above.

I understand that signing this form does not affect my statutory rights.

Clients Signature: \_\_\_\_\_ Date \_\_\_\_\_

09.03.06

Signed by Staff		Scanned into computer		Update details on computer		Attach CAF to Client File	
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# RIDER REGISTRATION FORM

Name of Equestrian Establishment GROVE HOUSE STABLES

**CONFIDENTIAL - Please complete all Sections and Boxes**

First Name:  Surname:

Address:  Postcode:

Tel: (Home)  Tel: (Mobile)

Email:

Date of Birth:  Age:  Weight:  Height:

Occupation:

Have you (or the person you are signing for) ever suffered a serious injury or discomfort while riding or been advised not to ride? Yes  No

If yes, please describe:

Please detail ANY disability or medical conditions that may affect your ability to ride or which your instructor should be aware of in case of emergency.

**EMERGENCY CONTACT & DOCTORS DETAILS**

Contact Name & Relationship  Tel:

Doctors Name  Tel:

**RIDING ABILITY - you MUST tick all boxes that apply**

I consider myself (or the person riding for who I am signing on behalf as a minor) to be at:

Never ridden before  Beginner  Novice  Intermediate  Advanced

How many times have you/ rider ridden in last 12 months:  None  under 12  12-40  40+

What do you believe your or the person riding's capabilities on a horse or pony to be?

Riding at a walk  Trotting with Stirrups  Trotting without Stirrups  Cantering

Hacking  Riding over jumps up to 0.5m (18")  Over jumps 0.75m (30")  Riding over cross country jumps

RIDERS UNDER 16 YRS 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.  
RIDERS AGED 16 YRS AND OVER: I confirm that the above pre-assessed abilities are correct and I agree that I RIDE ENTIRELY AT MY OWN RISK.  
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 concerned parties in the event of any injury or accident.  
I understand that I must obey the instructions of the instructor and must comply with the Health & Safety requirements of the establishments, I reserve the right not to ride a horse allocated to me or my child and or request a change of instructor.  
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.

I acknowledge THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER, and that all horses may react unpredictably on occasions.

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

Signature  Print Name  Date

**TO BE COMPLETED BY INSTRUCTOR / SUPERVISOR ON BEHALF OF THE EQUESTRIAN ESTABLISHMENT**

This client has been assessed and our judgement of their capabilities is as follows:

Complete Beginner (Lead rein/Lunge)  Beginner (Beginning Walk & Trot Independently)

Novice (Walk, Trot, Canter Independently)  Intermediate (Jumping, Stage 1)  Advanced (Stage 2, Equivalent and above)

ASSESSMENT LESSON CONTENT: Walk  Trot  Canter  W/O Stirrups  Jump  Lateral

OFFICE USE - Assessment Lesson

Horse Used  Lesson Type

Date  Time

Signature  Print Name  Position