



Riders Registration Form

(Confidential)



All lessons must be paid a minimum of 1 week in advance. No refund will be given unless notice is given 48 hours in advance. Please also ensure that you arrive 5-10 minutes prior to the start of your lesson.

Name _____ Date of Birth _____ Occupation _____
 Address _____ Tel (Home) _____ Tel (Work) _____
 _____ E-Mail _____
 _____ Contact Name _____ Contact Tel : _____
 _____ Height _____ ft ins _____ Weight _____

Please answer the following questions by entering a tick :

1. I am

complete beginner.	Beginner	novice	quite experienced.	advanced
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2. I am able to

Groom and Tack up.	Mount and Dismount.	Check & adjust equipment unaided
Walk	Trot with stirrups	Canter with stirrups
Jump	Trot without stirrups	Canter without stirrups

3. I am able to Ride outside at all paces including jumping.

4. How many times have you ridden in the last 12 months?
 None Less than 12 12-40 40+

5. How many years have you been riding for, in total? _____

6. Have you ever suffered serious injury or discomfort whilst Riding? Yes No

If, Yes, please give details : _____

7. Please give details of any illness or condition which you may suffer from i.e. Back problems, Asthma, Diabetes

8. How did you find out about Houston (Please ✓):

Yellow Pages	Internet	Friend or Family
If the Internet (please give details of website\search engine)		
Other (please give details)		

I acknowledge THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER, and that all horses may react unpredictably on occasion.
 I understand that I must obey the instructions of the instructor and must comply with the health and safety requirements of Houston. 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 have read and accept the lesson booking & cancellation policy and agree to abide by it at all times.
RIDERS AGED 16 AND OVER – I confirm that the above pre-assessed abilities are correct and I agree that I ride entirely at my own risk.
RIDERS UNDER 16 YEARS 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 that 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.

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

Print Name _____ Date / /200
 Signature _____

The only 100 % guarantee you can get that you won't ever fall off is if you don't ever get on in the first place!!!