



Roland Bellido

RIDING TUITION

Client Registration Form - Confidential

Title _____ First Name: _____ Surname: _____

Address: _____

Postcode _____

Tel: (Home) _____ Tel (mobile) _____

Email _____ Date of Birth: _____

Emergency contact name and phone number: _____

In order for me to offer you the best assistance in the event of an accident please provide me with the following information.

Please detail any disability or medical conditions that may affect your ability to ride. This may include, but not be limited to any back problems and any condition which can affect balance or cause blackouts/loss of consciousness/fitting for example. If you are unsure about any existing medical conditions, please consult your doctor.

Have you suffered any previous serious injury? Yes or No If yes please describe:

Have you suffered discomfort while riding? Yes or No If yes please describe:

Do you take any routine medication? Yes / No If yes please detail:

I confirm that to the best of my knowledge that all the above details are correct. I have read the Horse Riders Code of conduct over leaf. I understand that riding at any standard has inherent risk that I may fall off and could be injured

If signing on behalf of a minor I have explained the code of conduct to my child and we both accept the risk.

I/we accept the risk and agree that the riding instructor will not be liable for injury and damage to property unless it is caused by their negligence.

I accept the terms and conditions below: Prices may vary for sessions taken as part of a clinic

- To receive the discounted rate, all lessons must be paid for in advance
- An extra charge may be applied to lessons outside of a 10 mile radius of Christchurch
- **Any cancellations must be made 48hrs in advance or the lesson fee will be charged.**
- Prices may vary for sessions which are part of an organised clinic.

Data will be kept in accordance with the General Data Protection Regulations but may be made available to insurers and other concerned parties in the event of an accident.

Signed

Dated

If signed on behalf of a minor Riders name:

Relationship to minor:



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Please complete the following

Please tick if you consent to me sending you the occasional newsletter/special offers/news about clinics etc.

Please tick if you consent to me posting your name on Facebook ie. listing clinic times

Please briefly describe your riding ability / level at which you are competing / equestrian qualifications you hold

Please tell me a little bit about your horse

Do you have any specific goals that you would like to reach / specific area or problems you would like to address.

The BHS Horse Riders Code of Conduct – please read and sign below

- I understand that riding at any standard has inherent risk and that all horses may react unpredictably on occasions
- I may fall off and could be injured. I accept that risk.
- I understand that instructions are given for my safety and agree to follow instructions given to me.
- I understand that wearing an appropriate riding hat and body protector may reduce the risk of an injury should an accident happen and agree that I will always wear a riding hat when riding.
- I understand it is my choice whether or not I wear a body protector.
- I understand that my instructor will make decisions based on information I give them and agree to always be honest and volunteer information about my abilities and riding experience, previous riding accidents and any medical conditions that may affect my ability to ride.
- I understand that competing carries enhanced risk over and above general riding and agree that if I choose to participate in any competition or event, it is up to me to ensure that I have the experience and ability to undertake the ridden tasks including any jumps which form part of it. If I am in any doubt, I will use my judgement and experience and not enter.

Signed:

Dated:

Please tell me how you found out about Roland Bellido Riding Tuition

Flyer NFED Website Facebook Car advert Word of mouth (who).....