

Rider registration

Acceptance form



Full name	Date of birth
Address	Postcode
Mobile no	Other Phone no
Email address	
Height	Weight
Emergency contact name	
Emergency contact number	GP contact details

Previous riding experience – Yes / No If yes – How many years have you been riding
Riding ability – Please tick Trotting with leader <input type="checkbox"/> Trotting on own <input type="checkbox"/> Riding on without assistance <input type="checkbox"/>

Any relevant medical conditions that may affect you at the stables or whilst riding?
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Assessment date at Dickey Steps riding school -

Print Name _____ Sign Name _____ Date _____