

Rider registration

Acceptance form



Full name	Date of birth
Address	
Post code	
Mobile number	
Other phone number	
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 -
