

**SCREENING FORM 2018 - Please print, complete and bring to your party!**

<b>Title:</b>	
<b>First Name:</b>	
<b>Surname:</b>	
<b>Full Address:</b>	
<b>Home Tel No.</b>	
<b>Mobile No.</b>	
<b>email:</b>	
<b>Height:</b>	
<b>Weight:</b>	
<b>Date of Birth:</b>	

**First emergency contact:**

Name:	
Mobile No.	
Home No.	
Work No.	

**Second emergency contact:**

Name:	
Mobile No.	
Home No.	

**Have you every suffered a serious injury or discomfort, or been advised not to ride?**

YES	NO
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**If yes, please detail:**

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**Are there ANY medical conditions or allergies that your instructor should be aware of?**

YES	NO
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**If yes, please detail:**

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**Please inform your instructor should a medical condition or allergy arise in the future. (Please circle)**

CONFIRMED
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**Riding experience, approx. how many hours of riding have you ridden?**

0-5	5-50	50-150	150-500	500+
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**Are you coming back after a break?**

YES	NO
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**If YES, how long?**

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**Please circle the riding you can do without a leader:**

NOTHING	WALK	TROT	CANTER	GALLOP	JUMP
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**If you have jumped, at what height are you comfortable?**

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**Do you prefer sharp/ energetic horses or placid horses?**

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**What goals do you have for your riding?**

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**Please confirm you understand horse riding is classified as a high risk sport, and appropriate safety equipment must be worn at all times. Do you understand the risk? Please ask a member of staff for more information on the risks of riding. (please circle 'confirmed')**

CONFIRMED
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**Please tick the box to understand horses are not machines and are unpredictable animals that could cause injury to the rider in either the event of a fall or handling. We advise clients to purchase personal accident insurance cover. (please circle 'confirmed')**

CONFIRMED
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**Name of responsible Parent/ Carer**

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