

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

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|-----------------------|--|
| Title: | |
| First Name: | |
| Surname: | |
| Full Address: | |
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| | |
| Home Tel No. | |
| Mobile No. | |
| email: | |
| Height: | |
| Weight: | |
| Date of Birth: | |

First emergency contact:

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|------------|--|
| Name: | |
| Mobile No. | |
| Home No. | |
| Work No. | |

Second emergency contact:

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|------------|--|
| Name: | |
| Mobile No. | |
| Home No. | |

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

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|-----|----|
| YES | NO |
|-----|----|

If yes, please detail:

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

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|-----|----|
| YES | NO |
|-----|----|

If yes, please detail:

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

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

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|-----|------|--------|---------|------|
| 0-5 | 5-50 | 50-150 | 150-500 | 500+ |
|-----|------|--------|---------|------|

Are you coming back after a break?

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|-----|----|
| YES | NO |
|-----|----|

If YES, how long?

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Please circle the riding you can do without a leader:

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|---------|------|------|--------|--------|------|
| NOTHING | WALK | TROT | CANTER | GALLOP | JUMP |
|---------|------|------|--------|--------|------|

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')

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| 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')

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| CONFIRMED |
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Name of responsible Parent/ Carer

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