

BOOKING FORM

Date of clinic and name of instructor : **BE90, BE100, Novice Course Walk (Unmounted)**
Friday 27th July 2012 5.30pm Cost : £10

First Name: _____ Surname: _____ Age: _____ Date of Birth: _____

Address: _____

Postcode: _____ Tel: _____ Mobile: _____ Email _____

RIDERS UNDER 16 YRS OF AGE: I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct. I accept my child attends at his/her own risk.

RIDERS AGED 16 YRS AND OVER: I accept that I attend entirely at my own risk.

DATA PROTECTION ACT1998: Statement: I understand that the information I have given will be held in accordance with the Data Protection Act 1998 but may also be made available to Insurers and other concerned parties in the event of any injury or accident. I understand that I must obey the instructions of the instructor and must comply with the Health & Safety requirements of the establishments. I confirm that to the best of my knowledge all the above details are correct. A parent or guardian of riders under the age of 16 must sign this form.

I enclose a cheque made payable to Carlton Cross Country for £10

If signing on behalf of rider please state relationship to rider: _____

Signature _____ **Print Name** _____ **Date** _____