

BOOKING FORM FOR TRAINING CLINICS AT CARLTON CROSS COUNTRY, CARLTON

Date of clinic and name of instructor : NICK TURNER – Saturday 23rd June 2012 Cost : £45

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

Address: _____

Postcode: _____ Tel: _____ Mobile: _____ Email _____

Have you (or the person you are signing for) ever suffered a serious injury or discomfort while riding or been advised not to ride? Yes No

If yes, please describe: _____

Please detail ANY disability or medical conditions that may affect your ability to ride: _____

Emergency contact and doctors details

Contact Name & relationship: _____ Tel: _____

Doctors Name: _____ Tel: _____

Riding Ability

I consider myself (or the person riding for who I am signing) to be capable of jumping cross country fences of (please circle):

2' 3" high 2'6" high 2'9"high 3' high 3'3" high 3'6"high

I consider myself (or the person riding for who I am signing) to be a (please circle):

Beginner Novice Intermediate Advanced

Horse/Pony

Age of horse or pony: _____ Name of horse/pony: _____

I consider that my horse/pony has jumped as follows (please circle):

Cross country fences of: 2'high 2' 3" high 2'6" high 2'9"high 3' high 3'3" high 3'6"high

Other Information

Please give any other appropriate information regarding the ability, condition, history of the horse/pony and rider: _____

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 rides at his/her own risk.

RIDERS AGED 16 YRS AND OVER: I confirm that the above pre-assessed abilities are correct and I agree that **I RIDE 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, Hill House, Carlton, Bedford MK43 7ND

I acknowledge **THAT RIDING IS A RISK SPORT AND HOLDS POTENTIAL DANGER, and that all horses may react unpredictably on occasions.**

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

Signature _____

PrintName _____ Date _____