



PRIVATE & CONFIDENTIAL

RIDING APPLICATION AND MEDICAL HISTORY

RIDER NAME:

ADDRESS:

EMAIL:MOBILE:

RIDER'S AGE: If under 18, rider's age in years and date of birth.....

Tick box if rider is over 18

RIDER DECLARATION:

I agree to the following:

I will only ride in a safe and controlled manner.

I will wear an approved helmet (approved by Horse Safety Australia and within 5 years of date of manufacture) , appropriate clothing and the correct footwear at all times.

I will tell the instructor if I am feeling anxious or if I don't understand an instruction.

I, and anyone accompanying me, will follow all reasonable instructions and rules of the property.

The instructor may cancel my ride without refunding any fee if I do not comply.

RIDER EXPERIENCE:

How many times have you ridden a horse or pony in total?

How many times have you ridden in the past 6 months?

Type of riding? (Trail rides, pony ride on a lead, formal lessons, competitions, other?)

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So we can tailor our lesson plan, do you have any communication or learning concerns:

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The following information will help us in case of an emergency with you/your child.

EMERGENCY CONTACTS

Contact name	Relationship to rider	Mobile phone

MEDICAL INFORMATION: Please circle if the rider suffers or has suffered from any of the following:

Asthma, Diabetes, Epilepsy/fits, Fainting/dizziness, Blackouts/migraines, Disabilities, Heart/blood conditions, Allergic reactions, Uneven pupils, Recent injuries (please give details)

Other medical conditions that may affect the rider's ability to ride or lead the horse/pony:

Allergies: please describe type and reaction

Medication: Does the rider need to carry medication?

Name of Drug _____ Dosage: _____ Frequency: _____

Consent to medical attention:

I authorise the instructor in charge to administer first aid and call an ambulance if necessary for the medical attention of my child or myself. I agree to bear any costs thereby incurred.

PERMISSION TO USE PHOTOGRAPHS

Whitethorn Academy often publishes photos of riders on Facebook, in newsletters and in marketing for its activities. By ticking the box below, you give permission for your/your child's photograph to be used for these activities

I hereby give permission to Whitethorn Academy to use my/my child's photograph for purposes relating to Whitethorn Academy and its activities.

Signature of rider/parent/guardian: _____ **Date:** _____