

# Course Application Form



Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Tel No \_\_\_\_\_  
Work No \_\_\_\_\_  
Mobile No \_\_\_\_\_

Post Code: \_\_\_\_\_

E.Mail Address: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Emergency Contacts.** (In the event of accident or sudden illness)

First Contact	Second Contact
Name _____	Name _____
Home Tel No _____	Home Tel No _____
Work No _____	Work No _____
Mobile No _____	Mobile No _____

**Are there any Medical conditions/Allergies that your Instructor should be aware of ?**

**Details of Riding Experience.**

Approx how many hours have you ridden ? 0 -50  50 -150  150 -500  500 +

If you have previously competed, please state in what discipline, and at what level. \_\_\_\_\_

If you want to jump, at what height are you comfortable ? \_\_\_\_\_

If using our horses: Do you prefer sharp/energetic horses  or placid horses ?

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

I would like to ride at the Yorkshire Riding Centre (YRC) and UNDERSTAND THAT RIDING IS A HIGH RISK SPORT AND INVOLVEMENT WITH HANDLING AND RIDING HORSES HOLDS A POTENTIAL DANGER. I will at all times wear an approved safety helmet when riding at YRC.

I understand that horses are not machines and can do unpredictable things that may cause me (or the rider if under 18 years, to whom this form refers) to sustain an injury. I accept this risk and will not hold the YRC liable for any injury or illness that may arise to myself (or the rider under 18 years to whom this form refers), for whatever reason as a result of handling horses or riding at YRC.

**Signed** \_\_\_\_\_ **Signed** \_\_\_\_\_ **Parent/Guardian**

**Date** \_\_\_\_\_

Also to be signed by the parent/guardian in the case where the person to whom this form refers is under the age of 18 yrs.



**Course Dates.**

First Choice: \_\_\_\_\_ to \_\_\_\_\_ Second Choice: \_\_\_\_\_ to \_\_\_\_\_

**Course Details.**

- 1. Level or Name of Instructor.
- 2. Dressage Only./ Dressage & Jumping. (please delete).
- 3. Number of lessons each day. (if you are part of a group, please specify if you are riding together).

Please give any other relevant information here :-

**Livery** If you wish to have your own horse / pony at livery please complete this section.

Name of Horse / Pony \_\_\_\_\_ Height \_\_\_\_\_ Age \_\_\_\_\_ Mare / Stallion /Gelding \_\_\_\_\_

**Feed:** Own  Centre's feed      
**Livery:** DIY  Full Livery      
**Bedding:** Straw  Paper   
**Hay:** Own  Centre's haylage      
No Preference

**Accommodation**

**Guest House :**            Single :     Twin :     Double :   
**Chalet Accommodation :**    Single :     Twin :

**Declaration**

I enclose the deposit / booking fee £  Cheques payable to **YRC ( Education & Training ) Ltd.**  
For payment by Credit Card add 3%

**CREDIT / DEBIT CARD DETAILS+.**

Card No:

Expiry Date...../..... Start Date...../..... Switch Issue No..... Cardholder's Signature.....Date...../...../.....

I hereby authorise the application above and undertake to guarantee the fees and charges relating to it. I will not hold the Yorkshire Riding Centre liable for any accident or illness which may arise in connection with this course.  
In addition I (the parent / guardian) authorise a representative of the Centre to act in the capacity of temporary guardian for any emergency Medical or Dental treatment which requires the signing of consent forms for clients under the age of 18 years.

Signature of applicant : \_\_\_\_\_ Date: \_\_\_\_\_  
or Parent's / Guardian in respect of applications by persons under 18 years.