



Riders Name:  Female:  Male:

Date of Birth:  Age:

Height:  Weight:

Emergency Name:  Emergency Phone:

### Parent/Guardian Information

Parent(s)/ Guardian(s) name(s):

Address:

Phone Numbers:

### Riding Experience

Please state you/your child's level of riding experience:

Between 1-10 hours riding experience     Beginner     Intermediate Rider     Advanced Rider

Please indicate the total number of times you/your child has ridden:

0-10 times     10-20 times     20-50 times     50-100 times     100 + times

Have you/your child done any jumping before? Please give details to what height/level:

Do you/your child have any medical conditions, allergies or a disability that we should know about that has the potential to affect your participation in horse riding activities? Please give details.

Please tick all boxes that are relevant to your interests/goals at Redlands Stables:

Riding Lessons     School Holiday Camps     Leasing a Horse     Pleasure Riding

Social / Fun     Competition Riding     Fitness     Dressage

Eventing     Show Jumping

Anything else you would like us to know before you start your lesson?

Email:

Would you like to be added to our mailing list for upcoming events & camps?

Signed:  Date:  Parent/Guardian:

