

Horse Riding Questionnaire

To complete and return to British Summer School at admin@britishsummerschool.co.uk

1. Personal & Course Details

Student's Name: _____

Course: _____ **Centre:** _____

Parent/Guardian/Next of Kin name: _____

Parent/Guardian/Next of Kin mobile phone: _____

2. Rider's Details

Age: _____ **Height:** _____ **Weight:** _____

Has the student ever suffered a serious injury or any discomfort while riding? Yes No
If yes, please give details below:

Does the student suffer from any physical disability or medical condition which could affect his/her riding? If yes, please give details below: Yes No

Does the student suffer from any mental condition (i.e. ADHD/autism/Asperger's) which could affect his/her learning when riding? If yes, please give details below: Yes No

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3. Riding Experience

None Beginner Intermediate Advanced

How often does the student ride?

Once a week Once a fortnight Once a month Once a year

How many hours instruction has the student received in the last year? _____ hrs

Please tick below what the student CAN do confidently:

	Walk	Rising Trot	Sitting Trot	Canter	Gallop	Hacking	Jump - 0.6m	Jump + 0.6m	Cross Country Jumps
On lead rein	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
Unassisted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Agreement

I accept that the student rides at his or her own risk.

I acknowledge that horse riding is a risk and holds potential dangers as a horse can react unpredictably at times.

I understand that the student must obey the instructions of the instructor and must comply with the health and safety requirements of the riding school.

I accept full responsibility for the student and confirm that the pre-assessed abilities are correct to the best of my knowledge.

_____ [Signature] _____ [Print Name] _____ [Date]