

Pony Camp Booking Form



Confidential Please Complete All Sections Below

Date of Pony Camp

Full Name of Child

Boy/Girl

Address

Emergency contact name and relationship to child

Contact Tel Day Time

Contact Tel Mobile

Contact Tel Evenings

Contact Email

Date of Birth

Age

Height

Weight

Allergies?

Special Dietary Requirements?

Anything else we should be aware of Y/N (Continue overleaf if necessary)

Riding Ability: Please tick all boxes that apply – PARENT OR GUARDIAN TO SIGN IF UNDER 16s

New Rider (Never Ridden/Ridden very little)	Beginner (Understands 20m circle, change rein etc.)	Novice (Confident in lead file, walk, trot, center independently)	Intermediate (Confident jumping, hacking, galloping)	Advanced (Confident lateral work, hunting, competing etc)
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How many times have you ridden in last 12 months

None	None but used to ride regularly	Under 12	12 to 40	40 or more
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Which of the following do you consider yourself/the person you are signing for to be confident at?

Walking off lead rein	Trotting with stirrups	Trotting without stirrups	Cantering in an arena	Canter/gallop while hacking
Jumping up to 50 cm	Jumping over 75 cm	Jumping courses	Jumping cross country	Lateral work

Please provide details of any equestrian grades/achievements/pony club tests etc:

Any other details that relate to riding ability:

Other Important Information

Please provide details of swimming experience and ability:

Permission to go on excursion if planned into activities: i.e. River Walk, Cinema, Ice Cream Parlour, Swimming:

Are you bringing your own Pony? Yes/No If you have a preferred Hollies Riding School Pony, who would it be?

Have you been on a Hollies Riding School Camp before? Y/N If not, where did you hear about us?

DECLARATION – RIDING IS A RISK SPORT

I understand that the riding school will make decisions based on information I give them and I confirm that to the best of my knowledge all of the above details are correct. I understand that I must obey the instructions of the instructor at all times and must comply with the Health & Safety rules of the Hollies Riding School. I reserve the right not to ride a horse/pony allocated to me/my child and /or request a change of instructor. I understand that riding at any standard has inherent risk and that all horses may react unpredictably on occasions. **Riders under 16 years of age:** I accept full responsibility for my child and confirm that the pre-assessed abilities are correct. I accept that riding is a risk sport and that my child could fall or be injured. I understand that children are at particular risk around horses and agree that I will keep any children that I am responsible for under close supervision while we are on the property when they are not being instructed by the riding school. I agree to fill in a medical form and provide contact details before dropping off my child.

Signature:

Print Name:

If signing on behalf of a minor please state relationship to rider:

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.

PAY BY BACS: ACCOUNT NAME – HOLLIES RIDING SCHOOL, SORT CODE: 20 25 29, ACCOUNT NUMBER: 63177319 Ref: (Child's initial, surname and camp date) Ref you used (eg. A.Surname) Payment Date.....

OR PAYMENT ENCLOSED £ PLEASE MAKE CHEQUES PAYABLE TO M. FIRBY

Please print complete this form and return to: Hollies Riding School, Hollies Farm, Hudswell Lane, Richmond, North Yorkshire DL10 4SN