

# Playbarn Riding Centre Registration

*Please complete in block capitals*

Riders Full name..... Sex M / F

Riders Preferred Name.....DOB.....

Parents or Carers Names (if child being registered).....

Address .....

.....

.....

Tel (daytime)..... Tel (evening).....

Mobile ..... Email.....

Emergency Tel Contact No 1.....Relationship.....

Emergency Tel Contact No 2:.....Relationship.....

Any known medical problem(s) that could affect your riding please give details

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Any other relevant information .....

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We have provided all customers with a copy of our riding procedures, a copy of which is displayed at the riding arena. Please sign this form to confirm you have read the Playbarn riding procedures.

The Playbarn will always attempt to contact Parents/Carers/Emergency contact in the event of an emergency. There may be exceptional circumstances when the above contact points are not available and staff must be able to take action to protect the welfare of the person: - perhaps by taking him/her to hospital. Please indicate that you give your consent to this by signing this form.

Name..... Date .....

Signature.....