

Saddle up for my Party

at Pinkmead Equestrian Centre Botley Road, Curbridge, Southampton, SO30 2HA



Date: Time:



Please make sure you wear footwear with a definite heel, something like a welly boot. (Strictly no trainers or flat soled shoe) Please also ensure that you wear clothing covering both arms and legs.

Dear	
☐ I can ☐ I cannot come t	o your party
on	
From:	



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PINKMEAD FARM EQUESTRIAN CENTRE PARTICIPANT REGISTRATION FORM			
Name o	f participant:DOB		
Address	s		
Emerge	ncy contact details:		
Name:.	Tel:		
Do you taken?	suffer from any medical condition we should be aware of and is medication being		
	lease give details		
11 јез р	San de		
Signatu	reDate		
	or guardian to sign it under 18 years of age.		
	ead and understand the statement below		
	HEALTH & SAFETY POLICY		
1.	I understand that riding has inherent risk and that all horses may react unpredictably on occasions and not		
	always respond as expected.		
2.	I may fall off and may be injured. I accept that risk.		
3.	I understand that instructions are given for my safety and agree to follow instructions given to me by staff a instructors of the riding school.		
4.	I reserve the right not to ride a horse allocated to me and may request a change of instructor.		
5.	I understand that wearing an appropriate riding hat and body protector may reduce the severity of an injury should an accident happen. I will always wear a riding hat to PAS015 and must have a BSI kite mark. It is responsibility of the person riding to check that their hat meets the safety standards.		
6.	I understand the riding school may refuse my request to ride for safety or operational reasons.		
7.	I understand that competing carries enhanced risk and above general riding and agree if I choose to participate		
	in any competition or event, it is up to me to insure I have the experience and ability to ride the course		
	including any jumps which form part of it. If I am in any doubt I will use my judgement and experience no enter.		
8.	enter. I understand that Pinkmead Farm Riding Centre will make decisions based on information I give them and		
0.	agree to always be honest and volunteer information about my abilities, my previous accidents, any medical		
	conditions which may affect my ability to ride.		
9.	All clients must wear flat soled shoes or boots with a small heel. Trainers are not acceptable.		
10.	Clients are asked not to wear jewellery of any description whilst around the riding centre.		
11.	We advise all persons participating in any equestrian activity to ensure they have adequate personal acciden insurance.		
12.	No new clients are to hack around the farm without an assessment or being led.		
13.	All children riding must be 4 years and over.		
14.	I understand that I am responsible for informing Pinkmead Farm Riding Centre if any personal information		
	given on the registration form is altered.		
15.	All instructors are trained and competent to teach at their detailed level.		
16.	All children on Pinkmead Farm premises (including those here for a lesson) MUST AT ALL TIMES be		

All children on Pinkmead Farm premises (including those here for a lesson) MUST AT ALL TIMES be
under the DIRECT supervision of an adult. The only exception to this is in respect of children who are
members of saddle club or attending an an activity, in which case the parent or guardian must sign them in or
arrival and collection. Under no circumstances must children not here for a lesson be allowed to leave the
direct supervision of the accompanying adult.
If insufficient riders in a lesson or activity we reserve the right to cancel or reduce lesson times. For an hour
group lesson this will be as follows: 1 rider - 30 mins. private lesson, 2 or 3 riders 45 minute lesson.
Please read lesson cancellation policy relating to lesson cancellations.
We reserve the right to terminate a client contract.
The livery yard areas are strictly out of bounds.

Please do not feed horses or ponies.

PINKMEAD FARM EQUESTRIAN CENTRE PARTICIPANT REGISTRATION FORM

Name of participant:	DOB
Address:	
Emergency contact details:	
Name:Tel:	
Do you suffer from any medical condition we should be aware of and is medication being taken? YES/NO	
If yes please give details	125/110
Signature	Date
Parent or guardian to sign it under 18 years of age. I have read and understand the statement below	

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