Exsportise Limited, Aberdeen House, South Road, Haywards Heath, West Sussex, UK, RH16 4NG Tel: + 44 (0) 1444 444777 Fax: + 44 (0) 1444 444744 Email: info@exsportise.co.uk www.exsportise.co.uk



HORSE RIDING QUESTIONNAIRE 2017

To complete and return to Exsportise Ltd by email, fax or post (Contact details as above)

RIDING COURSE					
Name of Riding School					
Oundle School Manor Yard Stables Hemington, Peterborough PE8 5QJ Telephone: +44 (0)1832 293 573	Clayesmore School Luccombe Farm, Milton Abbas, Blandford Forum, Dorset DT11 0BD Telephone: +44 (0)1258 880 057				
Course dates					
From:	То:				

RIDER DETAILS

Full name

Age	Height (cm)	Weight (kg)		
Has your son or daughter ever suffered a serious injury or any discomfort while riding? If yes, please give details on a separate sheet				
Does your son or daughter suffer from any disability or medical condition which could affect his/her riding?				
If yes, please give details on a separate sheet				

RIDING EXPERIENCE										
None	e Beginner		Intermediate		Advance	Advanced				
How frequently does your child ride?		Once a wee	week Once a fortnight		Once a month		Once a year			
Approximately how many times has your child ridden in the last 12 months? times										
How many hours instruction has he/she received in the last year? hours										
Please tick below what your child can NOT do confidently:										
	Walk	Ri	sing Trot	Sittin	g Trot	Cante	r	Gallop	- 0.6 m	ump + 0.6 m
On lead rein										
Unassisted										
Is there any horse riding discipline that your child would like to work on while they are at the stables?										

I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct. I accept that my child rides at his or her own risk. I acknowledge that horse riding is a risk sport and holds potential dangers as horses can react unpredictably at times.

SIGNATURE					
Print name	Date				

Accredited by the







