

APPLICATION FORM FOR RIDERS

(PLEASE USE BLOCK CAPITALS AND RETURN TO GROUP ADDRESS BELOW)



Jackie Brutton Riding Centre
Prestbury Park
Cheltenham
Gloucestershire GL50 4SH

Cotswold RDA Use:	
Date Received	
Application	Approved / Declined
Approval subject to trial period?	Y / N If yes – Trial End Date.....
Rider Assessment completed by:	
Application Approval by:	
RIDER REVIEW DATE	

If you are under 18 years, or someone else normally completes your paperwork for you, this form should be completed and signed on your behalf by your parent or legal guardian. All information will remain confidential, for use by relevant Cotswold RDA personnel only.

1 YOUR DETAILS

Last Name, First Name		Likes to be called	
Date of Birth		Age	
Home Address			
Email Address			
Telephone Number		Mobile Number	
Riding	Do you have any previous experience with an RDA Group?	Yes	No
	If YES, what is the Group's name?		
	If YES, have you passed any proficiency test(s)?	Yes	No
	If YES, to what level (Grade Level 1, 2, 3, 4)?		
School/Training Centre /Other	Are you joining as part of a School, Training Centre or Other?	Yes	No
	If YES, what is the School/Centre/Other name, contact and phone number?		

2 SPECIFIC INFORMATION ABOUT YOU

What is your disability, condition or diagnosis?
Are you on any medication that may cause side effects during your time at RDA? If so, what is the medication and potential side effect(s)?

What, if any, conditions do you have that may need special attention during your activities with RDA?
(It is the applicant's responsibility to ensure that we have knowledge of all issues that might pose a problem)

Please provide name and contact details of a Medical Professional who knows you and your medical conditions:

3 ADDITIONAL INFORMATION

Height		Weight	
Speech	Do you have problems with speech?	Yes	No
Eyesight	Do you have problems with eyesight?	Yes	No
	Do you wear glasses / contact lenses?	Yes	No
Hearing	Do you have difficulty with hearing?	Yes	No
	Do you wear a hearing aid?	Yes	No
Instructions	Do you have difficulty understanding instructions?	Yes	No
Walking	Do you need help walking?	Yes	No
	Do you use walking aids?	Yes	No
	Do you wear orthopedic appliances?	Yes	No
	Do you use a wheelchair?	Yes	No
	Would weight-bearing be a problem?	Yes	No

Please give any additional information that you think would be useful for the RDA Group Instructor:

4 DECLARATION

I wish to apply as a rider of Cotswold RDA Group and confirm that all details given are accurate, to the best of my knowledge.

I agree that should the Group Coach require additional information on my medical condition, at any time, I will provide what is required and be willing to get a medical report from a Medical Professional who is familiar with my condition if necessary. I understand that I may be required to pay a fee for such a report.

I confirm that I will advise you immediately if any of the information provided on this form changes in any way. I recognise that this activity involves risk and that I, the rider, should take all reasonable precautions and follow all advice properly given.

I understand by nature horses are unpredictable and that means they may react to a situation or to the local environment in such a way that a rider may be unseated in an accident.

In the absence of any negligence on the part of the RDA or the Cotswold RDA Group, I accept that no liability will attach to either of them.

Photos/Videos	Do you consent to photographs/videos being taken during RDA activities for training and/or publicity (including websites and social media)?	Yes	No
Signature	Rider/Parent/Guardian (Delete as appropriate)	Date	

5 APPLICANT'S PARENT OR LEGAL GUARDIAN CONFIRMATION OF CONSENT TO JOIN RDA

(if the form has been completed by a parent/legal guardian or the applicant is under 18 years old)

Name			
Relationship to Applicant			
Address			
Home Telephone No.		Emergency Contact No.	