

DELNY RIDING CENTRE

Parental Consent Form

Childs Details

Name.....

Date of Birth.....Age.....

Address.....

.....

.....Telephone Number.....

Height.....Weight.....

Parent/Guardian Name.....

Address if different from above.....

.....

.....Telephone Number.....

Emergency Contact Name & Tel. No.
(If different from above)

Any relevant medical condition/allergies/special needs.....

.....

Previous Experience (Please circle as applicable)

None Beginner Novice Intermediate Experienced

Competent at

Walk Rising Trot Canter Gallop Jumping

For Your Information

Horse riding is a risk sport and therefore holds potential danger. For your own and your child's safety and the safety of others, it is important that your child adheres to all yard and riding school rules.

Acceptance

I hereby give permission for the above named child/children to participate in riding activities at Delny Riding Centre, and for Delny Riding Centre to seek medical assistance from them should it become necessary.

I declare that the above information given by me is correct.

I confirm that I have read the rules regarding yard and riding activities, and instructed my child/children to abide by them, and any request regarding their safety from staff at Delny Riding Centre.

Signature.....Date.....