

# Pippa Hattan Equestrian

B.H.S.I. Registered  
International Equestrian  
Passport Level 3



## New Riders Registration Form

### About You

First name	
Surname	
Address	
Date of Birth	
Height	
Weight	

### Your Contact Details

Home telephone	
Mobile	
Email	
Work telephone	
Fax number	

\* Complete as appropriate

### Emergency Contact Details

Name	
Telephone	

Signed \_\_\_\_\_

Parent / Guardian \_\_\_\_\_

## **Health Declaration : Medical History**

**Have you ever suffered serious injury or discomfort whilst riding? (If yes, please describe)**

**Please detail any medical conditions that may affect your ability to ride or which your instructor should be made aware of in case of emergency.**

**(e.g. back problems, diabetes, asthma.)**

If you currently have, or have had in the past, any health issues that may affect your ability to ride and handle horses, Pippa Hattan strongly recommends that you seek the advice of your doctor before engaging in any activities.

**Health related issues that may affect my ability to ride that I have discussed with my doctor**

Also if you have any conditions that may require immediate treatment such as allergies or diabetes, you should let Pippa Hattan know and ensure she can find your medicine in case of emergencies and provide her with an emergency contact phone number.

**Allergies or other conditions that may require immediate treatment**

I keep my medicine \_\_\_\_\_

My Emergency Contact Number is \_\_\_\_\_

## DECLARATION

I \_\_\_\_\_

am not aware of any current or previous health related issues that may affect my/my child's ability to ride and handle horses, other than those that I have disclosed above.

If this situation changes, I will provide an updated form and inform Pippa Hattan.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

Guardian/parents name \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

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## Rider Self-assessment of Ability, Riding Experience and Standard Achieved

**I consider myself to be:**

- Complete beginner
- Beginner
- Novice
- Intermediate
- Advanced

**What do you believe your riding capabilities to be?**

- Riding at a walk
- Trotting with stirrups
- Trotting without stirrups
- Cantering with stirrups
- Cantering without stirrups
- Lateral work

Specify at what level of dressage you would assess yourself and at which level you are currently competing if any \_\_\_\_\_

- Riding over jumps up to 50cm
- Riding over jumps up to 80cm
- Riding over jumps up to 1m

Specify at what level of show jumping you would assess yourself and at which level you are currently competing if any \_\_\_\_\_

- Riding in open areas such as a field or out hacking
- Riding in open spaces to include natural or cross country fences

Specify at what level of cross country you would assess yourself and at which level you are currently competing if any \_\_\_\_\_

\_\_\_\_\_

Have you ridden or competed at any horse trials? \_\_\_\_\_  
\_\_\_\_\_

Do you hold any professional examinations e.g. BHS qualifications and if so which:  
\_\_\_\_\_

Describe your goals that you wish to achieve with you riding:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

Guardian/parents name \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

**I agree that the above pre-assessed abilities are correct and I agree that I ride  
entirely at my own risk.**

\_\_\_\_\_  
***To be completed by Pippa Hattan:***  
This client has been assessed and my judgement of their capabilities are as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_