



Dancing Horse Farm

4080 Weisenberger Road • Lebanon • Ohio • 45036 • Phone: 513-933-0DHF (0343)

E-mail: Jennifer@DancingHorseFarmOH.com • Web: www.DancingHorseFarmOH.com

A premium care equine facility dedicated to providing an environment of safety, health, happiness, and education for human and horse.

"Dare to Dream"

New Rider Registration

Personal Details	
Name:	Date of Birth:
Weight:	Height:
Address:	Home Telephone:
.....	Email:
.....	
Contact In Case of Emergency	Name:
	Telephone:
Have you ever suffered any injury or discomfort whilst riding? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If yes please describe	
Please detail any medical conditions or factors which your instructor should be made aware of in case of emergency (eg back problems, diabetes).	
.....	
Riding Abilities	
I consider myself to be a:	How many lessons have you had in the last twelve months?
Beginner <input type="checkbox"/>	None <input type="checkbox"/>
Novice <input type="checkbox"/>	Less than 5 <input type="checkbox"/>
Intermediate <input type="checkbox"/>	5 to 10 <input type="checkbox"/>
Advanced <input type="checkbox"/>	More than 10 <input type="checkbox"/>
What do you believe your capabilities on an average horse to be?	
Riding at walk <input type="checkbox"/>	Galloping <input type="checkbox"/>
Trotting with stirrups <input type="checkbox"/>	Riding over jumps up to 0.5m (18") <input type="checkbox"/>
Trotting without stirrups <input type="checkbox"/>	Riding over jumps up to 0.75m (30") <input type="checkbox"/>
Cantering <input type="checkbox"/>	Hacking <input type="checkbox"/>
I acknowledge that riding is a risk sport and that participation may hold potential danger, and that all horses may react unpredictably on occasions. I understand that I must obey the instructions of the ride escort or instructor. I reserve the right not to ride a horse allocated to me, and to request a change of instructor.	
I confirm that to the best of my knowledge all the above details are correct. This form must be signed by a parent/guardian of riders under the age of 18.	
Signed:	Date:
Print Name:	
To be completed by instructor / supervisor / escort. I have assessed this person and agree with their judgement of their capabilities, or have amended the form accordingly.	
Signed:	Position: