

APPLICATION FORM FOR RIDERS, VAULTERS AND CARRIAGE DRIVERS

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



| | |
|--|--|
| To be completed by RDA group before being given to applicant | |
| GROUP NAME | Kesteven Rideability |
| CHARITY NO | 1074079 |
| CONTACT NAME | Karen thompson |
| ADDRESS | The Paddocks Riding Centre Hough on the Hill, Lincs, NG32 2BE |
| EMAIL | karen@kestevenrda.co.uk |
| TEL NO | 07732 418848 |

All information will remain confidential, for use by RDA only. All the information you provide will enable us to contact you in relation to your activities with RDA. This may include sending you important information, which relate specifically to your involvement in your group or any other activities you may take part in within RDA.

1 YOUR DETAILS

| | | | |
|-------------------------|--|---------------|----------|
| First Name | | Last Name | |
| Date of Birth | | Gender | |
| Address | | | Postcode |
| | | | |
| Email Address | | | |
| Telephone | | Mobile Number | |
| Riding/Carriage Driving | Do you have any previous experience with an RDA Group? If YES, what is the Group's name? | Yes | No |
| | | | |
| School/Training Centre | Are you joining as part of a School or Training Centre? If YES, what is the School/Centre name, contact and phone number? | Yes | No |
| | | | |

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: | |
| | |
| Height | Weight |
| | |

3 ADDITIONAL INFORMATION

| | | | |
|--------------|--|-----|----|
| 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 |

If you have answered 'Yes' to any of the above, please give any additional information that you think would be useful for the RDA Group:

4 DECLARATION

- I wish to apply as a rider/vaulter/carriage driver of an 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/vaulter/carriage driver, 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/vaulter/carriage driver may be unseated in an accident.

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

| | | | |
|---------------|--|------|----|
| Photos/Videos | I give consent to my photograph being taken during RDA activities for training and/or publicity (including websites, social media, newsletters and marketing materials for the group and RDA UK). I give this consent acknowledging the photos will not be given to a third party without my explicit consent. | Yes | No |
| Signature | Rider/Vaulter/Carriage Driver/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 Number | |
| | Postcode | Mobile Number | |

Emergency Contact Details

If you do start riding at RDA. It's important we know who to contact in case you are injured or become ill.

By ticking this box I confirm that I have consent of the individual listed above to be contacted in the case of an emergency during the course of RDA activities.

| | | | |
|--|--|---------------------------------|--|
| Emergency Contact Name & relationship to the applicant. | | Emergency contact number | |
|--|--|---------------------------------|--|

RDA Group Use:

Date Application Received: _____

Is application approved or declined? (delete as applicable)

APPROVED / DECLINED

Is Approval Subject to Trial Period? Y / N

If Yes - Trial End Date: _____

APPLICATION REVIEW DATE (At least every 3 years) _____