



SCROPTON RIDING & DRIVING CENTRE

DRIVER REGISTRATION FORM

First Name		Surname	
Address			
Tel. (Home)		Tel. (Mobile)	
Email		Occupation	
Date of Birth		Age (if under 18)	
Weight		Height	
Emergency contact		Tel.	

Please detail any disability or medical condition that may affect your ability to drive or which your instructor should be aware of in case of emergency (eg back problems, diabetes, pregnancy)

Do you consider yourself to be a:		How many times have you driven in the last 12 months		What do you believe your driving capabilities to be?
Complete Beginner		None		Driven BDS tests
Beginner		Less than 12		Taken part in BDS Rallies
Novice		12 - 40		Taken part in Club Driving Trials
Intermediate		40+		Taken Road Safety Test

I acknowledge that driving is a risk sport and holds a potential danger, and that all horses may react unpredictably on occasions. I confirm that to the best of my knowledge all the above details are correct.
 I Understand that the information I have given will be held in accordance with the Data Protection Act 1998 but may also be made available to insurer and other parties in the event of any injury or incident.
 Drivers aged 16 years and over: I confirm that the above pre-assessed abilities are correct & I agree that I ride entirely at my own risk.
 Drivers under 16 years of age: A parent or guardian must sign this form and must accept full responsibility for the child and confirm that the above pre-assessed abilities are correct.

Signature		Relationship to driver if signing on their behalf	
Print Name		Date	

TO BE COMPLETED BY INSTRUCTOR/SUPERVISOR

Assessment Lesson		Capabilities judged as:		Lesson content	
		Complete Beginner		Harnessing up & putting to	
Horse used		Beginner		Safe rein handling	
Date		Novice		Walk	
Time		Intermediate		Trot	
Lesson type		Advanced			
Name		Position		Signature	