



APPLICATION FORM FOR RIDERS & TRAP DRIVERS

Please use block capitals throughout and return to the following address:

**Stables Manager
The Lake District Calvert Trust
Riding Stables
Old Windebrowe
Keswick
CA12 4NT**

If you are under 18 years or someone else normally completes your paperwork for you, it should be completed and signed on your behalf by your parent or guardian. All information will remain confidential, for use by relevant LDCT or RDA personnel only.

I am applying to be a Calvert Trust:

Rider		Trap driver	
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1 APPLICANT'S DETAILS

Surname, First Name	
Date of Birth	
Address	
Email Address	
Telephone Number	
Mobile Number	

2 PERSONAL INFORMATION

Have you (or the person you're signing for) ever suffered a serious injury or discomfort while riding or being advised not to ride/drive

Yes		No	
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If yes, please explain: _____

Weight:		Height	
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Do you have (please tick):

A Physical Disability		Learning Disability		Sensory Disability	
No Disability		Other			

If Yes, please identify

Please continue overleaf

Prescribed drugs: Name _____

Quantity _____ Frequency (List on a separate sheet if necessary) _____

ADDITIONAL CONDITIONS

(e.g. asthma, diabetes, epilepsy, heart condition, back injury, contagious diseases, allergies, etc)

ANY ADDITIONAL INFORMATION OR REQUIREMENTS eg. Behavioural issues

3 MOBILITY

Please tick:

<input type="checkbox"/>	Fully Ambulant
<input type="checkbox"/>	Wheelchair user but can walk short distances
<input type="checkbox"/>	Ambulant but distance limited to _____
<input type="checkbox"/>	Essential wheelchair user but cannot transfer (e.g. for transport)
<input type="checkbox"/>	Electric Wheelchair user

4 NEXT OF KIN (in case of emergency)

NAME _____ RELATIONSHIP _____

ADDRESS _____

_____ POSTCODE _____

PREFERRED TELEPHONE No. _____ ALTERNATIVE _____

5 DOCTOR

DOCTORS NAME _____

ADDRESS _____

_____ POSTCODE _____

TEL. NO _____

6 RIDING / DRIVING EXPERIENCE

I consider myself (or the person I am signing for) to be a:
(Please tick one)

<input type="checkbox"/>	Beginner	<input type="checkbox"/>	Novice	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>
<input type="checkbox"/>	Advanced	<input type="checkbox"/>	Never ridden/ driven	<input type="checkbox"/>		

How many times have you/ the rider ridden/ driven in the last 12 months:

<input type="checkbox"/>	None	<input type="checkbox"/>	Under 12	<input type="checkbox"/>	12-40	<input type="checkbox"/>	40+	<input type="checkbox"/>
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What do you believe your/ the riders capabilities to be on a horse/pony? (Applicable to riding only)
Please tick all that apply:

<input type="checkbox"/>	Riding at a walk	<input type="checkbox"/>	Trotting with stirrups	<input type="checkbox"/>
<input type="checkbox"/>	Trotting without stirrups	<input type="checkbox"/>	Cantering	<input type="checkbox"/>
<input type="checkbox"/>	Hacking	<input type="checkbox"/>	Riding over jumps (Up to 0.5 meters)	<input type="checkbox"/>
<input type="checkbox"/>	Over jumps 0.75 meters	<input type="checkbox"/>	Riding over cross country jumps	<input type="checkbox"/>

7 DECLARATION (to be completed by you or, on your behalf, by your parent or guardian)

RIDERS UNDER 18 YEARS OF AGE: I accept full responsibility for my child and confirm that the above pre-assessed abilities are correct. I accept my child rides at his/her own risk.
RIDERS AGED 18 YEARS AND OVER: I confirm that the above pre-assessed abilities are correct and I agree that **I RIDE ENTIRELY AT MY OWN RISK.**
DATA PROTECTION ACT 1998: statement: 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 insurers and other concerned parties in the event of any injury or accident.
 I understand that I must obey the instructions of the instructor and must comply with the Health & Safety requirements of the establishments. I reserve the right not to ride a horse allocated to me or my child and or request a change of instructor.
 All clients must wear a riding hat approved to current BSI Standard Whenever participating in riding activities.
 All clients are asked to wear suitable footwear and gloves.
 Clients are asked not to wear jewellery of any description when riding or in the stable area.
 Calvert Trust retains the right to terminate a client contract
 I confirm that to the best of my knowledge all the above details are correct and I undertake to inform the Instructor/Stable Manager of any changes that may affect the riders ability to ride.
 I acknowledge **THAT RIDING IS A RISK SPORT AND HOLDS POTENTIAL DANGER, and that all horses may react unpredictably on occasions.**
 In the absence of any negligence on the part of the Calvert Trust I accept that no liability will attach to the Calvert Trust. The Calvert Trust advises all persons participating in any equestrian activity to ensure that they have adequate personal accident insurance.

If signing on behalf of a rider please state relationship to rider			
Photos videos:	Do you consent to photographs/ videos being taken during activities for training and/or publicity? (please circle)	Yes	No
Signature	Print Name	Date	

The contact details provided, including email address and/or mobile number, may be used to keep you informed about Calvert Trust products, services and events. Please tick the box if you do not wish to receive this information. []

TO BE COMPLETED BY INSTRUCTOR/STABLES MANAGER

On behalf of the Lake District Calvert Trust

This client has been assessed and our judgement of their capabilities is as follows:			
Complete Beginner (Lead rein/lunge)		Beginner (Beginning to walk/trot independently)	
Novice (Walk/trot/learning canter)		Intermediate (Walk/trot/canter/learning to jump)	
Intermediate/Advanced (Jumping/ Stage 1)		Advanced (Stage 2 Equivalent and above)	
ASSESSMENT LESSON CONTENT			
Walk	Trot	Canter	WO/Stirrups
Jump	Lateral		
Trap drive out		Trap drive in school	

OFFICE USE– Assessment Lesson

Horse Used		Lesson Type	
Date		Time	
Signature		Print Name	Position