



RIDING FOR THE DISABLED ASSOCIATION

PRESIDENT: HRH. THE PRINCESS ROYAL K.G G.C.V.O.

(REGISTERED UNDER THE CHARITIES ACT 1960.)

Date as postmark

Dear Sir or Madam

Thank you for your interest in riding lessons and/or carriage driving at Middleton Park Equestrian Centre. Please take time to read the attached information, which is about Riding for the Disabled.

If you have been diagnosed with any learning or physical disability then you must fill in the attached 'Application For Riders And Carriage Drivers Form'. This form must be fully and correctly completed and returned to the Centre to be reviewed by a member of staff before you are allowed to ride with us.

At any time the Centre is within its rights to not allow riding sessions to commence or cease riding lessons. If this is necessary, reasons will be given to you at the time. Please note Middleton Park Equestrian Centre has a thirteen stone weight limit. If you are over our weight limit then carriage driving could be an option.

Please use the instructions below to complete the attached form.

- Section 1 on the 'Application For Riders And Carriage Drivers Form' request contact details, please ensure these are fully completed so we can easily contact you.
- Section 2 needs to be fully completed, as it allows us to choose a suitable horse for you.
- Section 3 **must be** completed by a Medical Professor who is familiar with and understands your medical problems. However, this person must not be related to you. Where the form asks for the details of the person who is completing section 3 you must make sure we have their name, qualification, address, contact number and their signature.
- Section 4 and 5 need to be completed for further contact details.
- Section 6 must be completed by you where possible. If you are not able to sign the form or if you are under 18 then a parent or guardian must sign it for you.

If you have any further questions please do not hesitate to contact the Centre on 0113 277 1962.

We look forward to meeting you.

Regards

Cathy Cook

What Happens Next?

Once you have fully completed the form you need to return it to Cathy Cook at the Centre.

Middleton Park Equestrian Centre
Middleton Grove
Leeds
LS11 5TZ

Once the form is received, it will be checked to ensure it has been completed correctly and the Centre will contact you to arrange a riding lesson assessment or carriage driving.

What happens on Arrival?

When you come for a lesson, you need to arrive 10 minutes before your allocated riding times so we can fit you for a riding hat, if necessary. We provide riding hats free of charge.

The Centre is always very busy and we therefore work to a strict timetable. If you are late for a lesson we will be unable to go over the scheduled lesson finishing time. If you arrive for a lesson more than 10 minutes later than the lesson start time, the horse prepared for you will have been removed from the arena, so you will be unable to ride but a charge will be made for the lesson. If you know you will be late, contact us to advise this and we will keep the horse prepared in the arena for you.

Please note that Middleton Park Equestrian Centre has a 24 hour notice requirement for lesson cancellations.

Please come dressed appropriately. You must wear long trousers that are not too baggy and preferably not jeans. We recommend that you wear gloves. Do not wear high heels or sandals. Ideally you should wear boots with a small flat heel, trainers or school shoes are acceptable. Also bring a coat, as it can get quite cold even in warmer months.

Once you have been fitted with a hat you will be introduced to your pony/horse and Instructor. You will then be mounted on the pony/horse where all relevant safety checks will be carried out. Your riding time includes the mounting and dismounting procedure. We hope you enjoy your lessons at Middleton Park Equestrian Centre.

Should you have any questions, please do not hesitate to contact Cathy Cook on 0113 277 1962

APPLICATION FORM FOR RIDERS AND CARRIAGE DRIVERS

PLEASE USE BLOCK CAPITALS AND RETURN TO ADDRESS BELOW

GROUP NAME	MIDDLETON PARK
CHARITY NO	1074366
NAME	CATHY COOK
ADDRESS	MIDDLETON GROVE LEEDS LS11 5TZ
TEL NO	0113 277 1962

Confidential Information for use by relevant RDA personnel only
Applicants should note that this information may be stored on a computer system;
The form will be held securely in Group records

A REVIEW OF THE CONTENTS OF THIS FORM WILL NORMALLY BE REQUESTED AFTER 3-5 YEARS. RDA RESERVES THE RIGHT TO REFUSE ANY RIDER OR CARRIAGE DRIVER ON GROUNDS OF HEALTH AND SAFETY AT ANY TIME.
THIS FORM MAY NEED TO BE REVIEWED IN THE EVENT OF THE RIDER/CARRIAGE DRIVER APPLYING FOR AN RDA HOLIDAY

Next Recommended date for Review

If you are under 18 years or someone else normally completes your paper work for you, it should be completed and signed on your behalf by your parent or guardian.

1. APPLICANTS DETAILS

Surname, First Name	
Date of Birth	
Address	
Telephone Number	

2. PERSONAL INFORMATION

Height	Weight		
Speech	Do you have a problem with Speech?	Yes	No
Eyesight	Do you have a problem with Eyesight?	Yes	No
	Do you wear Glasses/ Contact Lenses?	Yes	No
Hearing	Do you have difficulty with hearing?	Yes	No
Instructions	Do you have difficulty understanding simple instructions?	Yes	No
Walking	Do you need help with walking?	Yes	No
	Do you use walking aids?	Yes	No
	Do you wear orthopaedic appliances?	Yes	No
	Do you use a wheelchair?	Yes	No
	Would Weight-bearing be a problem?	Yes	No
Riding/ Carriage Driving	Do you have any previous experience with an RDA Group?	Yes	No
	If YES, have you passed any proficiency tests?	Yes	No

Please give any other information that you think would be useful

MEDICAL INFORMATION

(THIS DOES NOT CONSTITUTE CONSENT)

This should be completed by a Medical Professional who is familiar and understands your medical problems.

Details of Specific Disabilities

Note of special Problems (e.g. Allergies, Asthma, Autism, ADHD, Balance, Circulation, Diabetes, Epilepsy etc)

MEDICAL PROFESSIONAL COMPLETING SECTION 3 ABOVE

Name	
Appointment	
Address	
Telephone Number	
Signature	

APPLICANT'S SCHOOL OR TRAINING CENTRE (if applicable)

Name	
Address	
Telephone Number	
Person to Contact	

APPLICANT'S PARENT OR GUARDIAN

Name	
Address	
Home Telephone Number	
Emergency Contact Number	

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

I wish to join the Group as a rider/carriage driver and agree that the details of my medical history, which will assist the Group instructor, may be disclosed by my medical professionals.

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/carriage driver, should take all reasonable precautions and follow all advice properly given.

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.

Do you agree that photographs/videos taken during Group activities may be used for training/publicity? Yes/No

Date	
Signature	Rider/Carriage Driver/Parent/ (Delete as appropriate)