

**Calm Wood Equestrian Centre**

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ABN 93 559 396 076

**RIDER INFORMATION SHEET**

**NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_ (include D.O.B)

**SEX:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Post Code:** \_\_\_\_\_

**PHONE: (Mobile)** \_\_\_\_\_ **HOME:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Do you have any medical or physical problems that might affect your riding training? If so please list them**

\_\_\_\_\_  
\_\_\_\_\_

**Are you an EA member?** \_\_\_\_\_ **EA Number** \_\_\_\_\_

**In case of emergency who should we contact?**

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**What previous experience have you had with horses? Please list**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I understand that horse riding is a high-risk sport and I accept the dangers associated with handling & riding horses. I agree to obey all directions & requests & behave in a safe & considerate manner.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

