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	St Ives (Bingley) RDA
CHARITY NO	1093306
CONTACT NAME	Elaine Goodall
ADDRESS	St Ives Equestrian Centre, St Ives Estate, Harden Road, Bingley, BD16 1AT
EMAIL	stives-bingley-rda@outlook.com
TEL NO	

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

1 YOUR DETAILS

Last Name, First Name		Likes to be called		
Date of Birth			Age	
Address				
Email Address				
Telephone Number		Mobile Number		
Riding/Carriage Driving	Do you have any previous experience with an RDA Group?		Yes	No
	If YES, what is the Group's name?			
	If YES, have you passed any proficiency test(s)?		Yes	No
	If YES, to what level?			
School/Training Centre	Are you joining as part of a School or Training Centre?		Yes	No
	If YES, what is the School/Centre name, contact and phone number?			

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:

Oct 2011

Riding for the Disabled Association Incorporating Carriage Driving (RDA)
Registered Company No 5010395 Registered Charity No 244108
Norfolk House, 1a Tournament Court, Edgehill Drive, Warwick, CV34 6LG

3 ADDITIONAL INFORMATION

Height		Weight		
Speech	Do you have problems with speech?		Yes	No
Eyesight	Do you have problems with eyesight? Do you wear glasses / contact lenses?		Yes Yes	No No
Hearing	Do you have difficulty with hearing? Do you wear a hearing aid?		Yes Yes	No No
Instructions	Do you have difficulty understanding instructions?		Yes	No
Walking	Do you need help walking? Do you use walking aids? Do you wear orthopedic appliances? Do you use a wheelchair? Would weight-bearing be a problem?		Yes Yes Yes Yes Yes	No No No No No
Please give any additional information that you think would be useful for the RDA Group Instructor:				

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 Instructor 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	Do you consent to photographs/videos being taken during RDA activities for training and/or publicity (including websites and social media)?	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 Telephone No.		Emergency Contact No.	

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) _____

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