



Membership Application Form

Section 1

First Name:

Surname:

Full Address:

.....

Telephone: Mobile:

Email:

Number of Ponies:

Handicap: ...

Type of Membership: (mark as appropriate)
Full / Academy Membership / Social Membership

Please detail any disability or medical condition be aware of

Section 2 –

Emergency Contact and Doctor Details.

Emergency Name and Relationship: Tel no:

Doctors Name and Practise: Tel no:

Riders under 16 yrs of age: I accept full responsibility for my child and accept my child rides at his/her own risk.

Riders aged 16 yrs and over: I confirm the above details 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 comply with the Health and Safety requirements of the establishment.

A parent or guardian of riders under 16 must sign this form.

I acknowledge THAT RIDING IS A RISK SPORT AND HOLDS A POTENTIAL DANGER, and that all horses may react unpredictably on occasions

If signing on behalf of rider, please state relationship to rider:

Signature..... Print name..... Date.....

Tel: 01223 669064

E-mail: polo@camparkpolo.co.uk

Website: www.cambridgeandnewmarketpolo.com

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