

POPLAR CORNER RIDING LESSONS ENROLMENT FORM

*Encouraging respect for the great outdoors
and our animal friends.*

RIDER DETAILS

FULL NAME (plus preferred name if different)

AGE _____

START DATE AT POPLAR CORNER _____

FAMILY & CONTACT DETAILS

ADULT 1		ADULT 2	
Full name:		Full name:	
Address:		Address:	
Postcode:		Postcode:	
Day time ph. no:		Day time ph. no:	
Evening ph. no:		Evening ph. no:	
Mobile ph. no:		Mobile ph. No:	
E:mail address:			
Alternative emergency contact		Alternative emergency contact	

PARENT/GUARDIAN DECLARATION

I grant permission for my child to participate in riding and farm activities at Poplar Corner. Travel in a Poplar Corner vehicle is also allowed.

I understand that Poplar Corner manager and staff will take all responsible care while riders are in their charge, to protect them from injury and to adequately control and supervise their behaviours and activities.

I appreciate that there is some inherent risk in riding and spending time in the outdoors and that the manager and staff of Poplar Corner are not responsible for injuries or damage that may occur where the manager or staff have not been negligent.

Where it is impracticable to communicate with me, I consent to the rider receiving appropriate medical attention when required, including transport by ambulance.

I agree that the information provided on this form can be disclosed to relevant medical staff in the event of an emergency.

I undertake to pay costs that may be incurred for medical attention while the rider is under Poplar Corner supervision.

Parent/Guardian (Block Letters) : _____

Signed: _____ Date: _____