



RIDING FOR DISABLED ASSOCIATION

INCORPERATING CARRIAGE DRIVING

RDA

REDGISTERED CHARITY NO 244108 LAVINA HOUSE 1A TORNAMOUNT FIELDS TOURNAMOUNT COURT
WARWICKSHIRECV34 6LG

ENROLMENT FORM FOR RIDERS AND DRIVERS

CONFIDENTIAL

IF YOU ARE UNDER 18YRS OR UNABLE TO UNDERSTAND THIS FORM, IT SHOULD BE
COMPLETED AND SIGNED ON YOUR BEHALF BY YOUR PARENT OR GUARDIAN

**PLEASE USE BLOCK CAPITALS THROUGHOUT AND RETURN
TO THE ORGANISER**

NAME OF RDA GROUP	HAWORTH
CHARITY NO.	1086421

THE GROUP IS A MEMBEROF THE RIDING FOR DISABLED ASSOCIATION INCORPERATING CARRIAGE
DRIVING A CHARITY REGISTERED UNDER CHARITY NO. 244108

1 GROUP ORGANISER

NAME	MRS, JACKIE BUTTERFIELD
ADDRESS	VALE MILL LANE STABLES VALE MILL LANE CROSS ROADS Haworth WEST YORKSHIRE BD22 OEF EMAIL jackie@haworthrda.co.uk
Tel no 10535/644375 Mob- 07771531058	

2 YOUR DETAILS

SURNAME	
FIRST NAME (S)	
DATE OF BIRTH	
ADDRESS	
TEL NO.	

3 YOUR SCHOOL OR TRAINING CENTRE (IF APPLICABLE)

NAME	
ADDRESS	
TELEPHONE NUMBER	
PERSON TO CONTACT	

4 YOUR MEDICAL INFORMATION

(CONSENT IS ONLY GIVEN BY THE RIDER/DRIVER OR THEIR PARENT/GUARDIAN) THIS SECTION SHOULD BE COMPLETED BY YOUR REGULAR PROFESSIONAL WHO MAY BE A HOSPITAL CONSULTANT, GENERAL PRACTITIONER, SCHOOL DOCTOR, PHYSIOTHERAPIST OR OCCUPATIONAL THERAPIST.

DIAGNOSIS

DETAILS OF SPECIFIC DISABILITY

**NOTE OF ANY SPECIAL PROBLEMS
(EPILEPSY, DIABETES, BALANCE, CIRCULATION, ASTHMA,
ALLERGIES.)**

MEDICAL PROFESSIONAL COMPLETING THIS SECTION

NAME AND TITAL	
APPOINTMENT	
ADDRESS/STAMP	
TELEPHONE NUMBER	
SIGNATURE	
DATE	

IT WOULD BE MOST GRATEFUL IF YOU WERE ABLE TO PROVIDE THIS INFORMATION WITH OUT A FEE

MEDICAL INFORMATION (THIS DOES NOT CONSTITUTE CONSENT) IT SHOULD BE COMPLETED BY A MEDICAL PROFESSIONAL WHO IS FAMILIAR AND UDERSTANDS YOUR MEDICAL PROBLEM.

DETAILS OF SPECIFIC DISABILITYS	
NOTE OF SPECIAL PROBLEMS E.G. ASTHMA, ADHD, BALANCE, CIRCULATION, DIABETIES, EPILEPSY	

APPLICANT PARENT OR GUARDIAN	
NAME	
ADDRESS	
HOME TEL NUMBER	
EMERGENCY TEL NUMBER	

DECLARATION (TO BE COMPLETED BY YOU OR ON YOUR BEHALF.)

<p>I wish to join as a rider. Driver and agree that the details of my medical history, which will assist the group instructor, may be disclosed by my medical professional.</p> <p>I confirm that I will advise you immediately if any information provided on this form changes in any way.</p> <p>I recognise that this activity involves risk and that I, the rider/driver should take all reasonable precautions and follow all advice properly given.</p> <p>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.</p>	
<p>Do you agree that photograph/videos taken during the group Activities may be used for training / publicity. YES/NO</p>	
DATE	
<p>SIGNATURE</p> <p style="text-align: right;">RIDER/DRIVER PARENT/GUARDIAN</p>	

Haworth riding for disabled group charity no 1086421
2009

www.haworthrda.co.uk