



**NORTHERN IRELAND REGION  
SUMMER DAY OUT 2017**

Name of Rider .....

RDA Group .....

DOB (1/1/17) ..... Weight..... Height.....

Disability (and any information useful for the instructor eg wheelchair user/narrow pony required etc)

.....  
.....  
.....

Does the rider have any medical conditions that we should be aware of:(ie epilepsy, asthma, diabetes, allergies etc)

.....  
.....  
.....

Please provide any medication the rider needs to take and time intervals if relevant (please provide as much information as possible to aid the holiday organiser)

.....  
.....

At Castle Leslie, is the rider capable of riding over tracks/rough ground for approximately 1 hour? YES/NO

Does the rider use a wheelchair? YES/NO.

Does the rider need the use of any special equipment whilst mounting/riding/dismounting?

.....  
.....  
.....

Does the rider have photographic consent? YES/NO

Name of Leader\* (please indicate if a first aider)

.....

Name/s of Side Walkers\* -2 per rider please !(please indicate if first aiders)

.....  
.....

Name, mobile number and relationship of Carer accompanying the rider

.....

Name and contact number of rider's GP

.....

Name, mobile and email of Group correspondent

.....

Please bring riding hat and any special equipment that the rider requires with you ie toe stoppers, ladder reins.

Also please bring a picnic and hot/cold drinks as required!

.....

Signature of rider (if over 18 ) or carer where applicable , or Parent guardian (if under 18)

.....

\*(must have completed volunteer application form and green card and ACCESS NI)

Please send completed forms and payment to **Julie Jordan** Kilmore House,107 Cornakinnegar Rd., Lurgan, Co Armagh BT67 9JP. Closing date 30th April 2017.