

# Mid Somerset Riding Club

Please complete this form and hand into the instructor or the helper before the start of the clinic.

Name .....

Mobile number .....

Member..... Non-Member .....

Persons name and emergency Contact number .....

.....

Relationship of this person .....

Any medical conditions important to know .....

.....

---

# Mid Somerset Riding Club

Please complete this form and hand into the instructor or the helper before the start of the clinic.

Name .....

Mobile number .....

Member..... Non-Member .....

Persons name and emergency Contact number .....

.....

Relationship of this person .....

Any medical conditions important to know .....

.....