



ARKENFIELD RIDING CLUB

MEMBERSHIP FORM

NAME	
ADDRESS	
TELEPHONE	
MOBILE	
EMAIL	
SENIOR/JUNIOR	
HEIGHT	
WEIGHT	
RELEVANT MEDICAL INFORMATION	
RELEVANT RIDING EXPERIENCE	

I AGREE TO ABIDE BY
THE RULES & CONSTITUTION OF ARKENFIELD RIDING CLUB.
THE CODE OF CONDUCT RELEVANT TO ME AS A RIDER/PARENT OR
VOLUNTEER
THE EQUITY POLICY
THE CHILD PROTECTION POLICY

I HAVE READ THE ARKENFIELD STABLES RISK ASSESSMENT
(www.arkenfieldstables.co.uk) AND AGREE TO ABIDE BY ITS SAFETY
RECOMMENDATIONS.

SIGNED----- DATE-----

(PARENT IF UNDER 18) -----

SEND WITH £5 MEMBERSHIP FEE (PAYABLE TO ARKENFIELD RIDING CLUB TO:

ARKENFIELD RIDING CLUB
ARKENFIELD STABLES
LOWDHAM ROAD
GUNTHORPE
NOTTS NG14 7ER