



Light Cavalry HAC  
c/o Flemish Farm  
Windsor Great Park  
Windsor  
SL4 2LD  
Tel: 01753 622291  
Email:haclc@aol.com  
www.lightcavalry.org  
Charity Number - 208443

**SUPPORTING RIDER REGISTRATION FORM**

First Name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_

Please detail any disability or medical conditions that may affect your ability to ride. This may include but not be limited to any back problems and any conditions, which can affect balance or cause blackouts/loss of consciousness/fitting and so on  
\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact Name and Telephone \_\_\_\_\_

Riding Experience \_\_\_\_\_  
\_\_\_\_\_

Data Protection – Please read our full Data Protection Policy on our website [www.lightcavalry.org](http://www.lightcavalry.org)  
Your email address will be used to inform you of club activities and to confirm bookings. It will NOT be passed onto any third parties.

I confirm to the best of my knowledge all the above details are correct. I have read and signed the Riders Code of Conduct.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

**STAFF ONLY - Assessment of Rider**

Horse Used \_\_\_\_\_ Lesson Type \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Complete Beginner    Beginner    Novice Stage 1/2    Intermediate Stage 2/3    ` Advance stage 3/4

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_



# The Horse Riders' Code of Conduct



- I understand that riding at any standard has inherent risk and that all horses may react unpredictably on occasions.
- I may fall off and could be injured. I accept that risk.
- I understand that instructions are given for my safety and agree to follow instructions given to me by staff and instructors of the Light Cavalry.
- I reserve the right not to ride a horse allocated to me and may request a change of instructor.
- I understand that wearing an appropriate riding hat and body protector may reduce the severity of an injury should an accident happen and agree that I will always wear a riding hat that complies with the latest safety standards whilst riding. I understand it is my choice whether or not I wear a body protector.
- I understand that the Light Cavalry will make decisions based on information I give them and agree to always be honest and volunteer information about:
  - my abilities and riding experience
  - any previous riding accidents
  - any medical condition(s) which may affect my ability to ride.
- I understand that children are at particular risk around horses and agree that I will keep children that I am responsible for, under close supervision.
- I understand that the Light Cavalry may refuse my request to ride for safety or operational reasons.
- I understand that competing carries enhanced risk over and above general riding and agree that if I chose to participate in any competition or event, it is up to me to ensure that I have the experience and ability to ride the course including any jumps which form part of it. If I am in any doubt, I will use my judgment and experience and not enter.

Signature \_\_\_\_\_ Date \_\_\_\_\_



# Gift Aid declaration

*giftaid it*

**The Light Cavalry, Honourable Artillery Company**  
Armoury House, City Road, London EC1Y 2BQ

Boost your donation by 25p of Gift Aid for every £1 you donate

Gift Aid is reclaimed by the charity from the tax you pay for the current tax year.  
Your address is needed to identify you as a current UK taxpayer.

In order to Gift Aid your donation you must tick the box

**I want to Gift Aid my donation  
and any donations I make in the future or have made in the past 4 years to  
The Light Cavalry, Honourable Artillery Company**

I am a UK taxpayer and understand that if I pay less Income Tax and/or Capital Gains Tax than the amount of Gift Aid claimed on all my donations in that tax year it is my responsibility to pay any difference.

## Donor's details

Title..... Name/Initial(s)..... Surname.....

Home address.....

Post Code..... Signed..... Date.....

*Remember: Full name + Home address (please don't put your work address here) + Postcode & Dated*

- Donor's name - as a minimum the initial of the first name and the last name in full
- Donor's home address - as a minimum the house number/name and postcode

### **Please notify the charity if you:**

1. Want to cancel this declaration.
2. Change your name or home address.
3. No longer pay sufficient tax on your income and/or capital gains.

**If you pay Income Tax at the higher or additional rate** and want to receive the additional tax relief due to you, you must include all your Gift Aid donations on your Self Assessment tax return or ask HM Revenue and Customs to adjust your tax code.

### **Please return this Declaration to:**

#### **(a) Members**

Mr James Drabble  
Treasurer, Light Cavalry HAC  
42 Carlisle Place  
London  
SW1P 1HY

#### **(b) Supporting Riders**

C Queded, Stable Manager  
Light Cavalry HAC Stables  
Flemish Farm  
Windsor Great Park  
Berkshire SL4 2LD



**THE LIGHT CAVALRY**  
**HONOURABLE ARTILLERY COMPANY**

**STANDING ORDER ~ SUPPORTING RIDERS**

PLEASE PRINT IN *CLEAR BLOCK CAPITALS*

**Applicant's Name**.....  
*first name middle initials last name*

**Applicant's Address**.....  
.....**Post Code**.....

PLEASE PRINT IN *CLEAR BLOCK CAPITALS*

**To The Manager**.....  
*name of Bank or Building Society*

.....**Post Code**.....  
*Address of Bank or Building Society*

**STANDING ORDER**

**Please pay to:**

Account name: **The Light Cavalry, Honourable Artillery Company**  
at: **National Westminster Bank Plc**

Twickenham Branch, 25 King Street, Twickenham, Middlesex TW1 3SU

Account Number: **2393 1477** Sort Code: **60 22 03**

**the sum of £50 on the first of November in each year**  
until written cancellation of this order by myself

My account number is..... and Sort Code is.....

Signed.....Date.....

Applicants must complete this form and return to:

The Stable Manager  
Light Cavalry HAC Stables  
Flemish Farm, Windsor Great Park, Berkshire SL4 2LD

*PLEASE ADVISE THE STABLE MANAGER IF YOU CANCEL THIS STANDING ORDER*