			UF-5	H-EE-FO-001 Rev 02			
Application No:	- âm	Al Shaqab عضو في مؤسسة قبطر Member of Qatar Foundation		Glue Photo Here			
EQUINE EDUCATION DEPARTMENT MEMBERSHIP APPLICATION FORM							
ATTACHMENTS:							
 2 Passport sized photograph (1 glued on the designated box on the form, as indicated & 1 unattached) Copy of Qatar ID / Passport or copy of residence visa of Applicant and Parent /Guardian is required as applicable. NOTE: Membership Application Form with erasures, smear or crease/fold will not be accepted. 							
PERSONAL INFORMATION							
FULL NAME:							
DATE OF BIRTH: GENDER (M/F): NATIONA		NATIONALIT	Y :				
		·).	NATIONALITT.				
ADDRESS:							
E-MAIL ADDRESS:			MOBILE NO:				
			MODILE NO.				
EMERGENCY CONTACT DETAILS							
NAME:	NAME: RELATIONSHIP WITH THE RIDER:						
E-MAIL ADDRESS:							
CONTACT NUMBER:		OTHER CONTACT NUMBER:					
	EDUCA	TION					
Primary D Interme	diate	High School	Higher Edu	cation			
RIDING EXPERIENCE							
First Time Beginner	r L	Intermediate	Advance				
If you are a beginner or an Intermediate rider please tick below:							
Walk Trot	Canter	Jump <1m] Jump >1m				

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Al Shaqab عضو في مؤسسة قطر Member of Qatar Foundation					
MEDICAL CERTIFICATION					
NAME:HEIGHT:WEIGHT:					
NAME OF DOCTOR:DATE OF EXAMINATION:					
MEDICAL HISTORY	YES	NO			
CARDIOVASCULAR DISEASES:					
ASTHMA OR ANY PULMONARY DISEASE:					
ALLERGIES:					
BLOOD PRESSURE:					
DIABETES:					
SEIZURE;					
ANY PHYSICAL ISSUES:					
VISUAL ACUITY:					
AUDITORY ACUITY:					
ANY PREVIOUS DISEASES:					
ANY PREVIOUS INJURIES:					
OTHERS (PLS. SPECIFY):					
GENERAL MEDICAL IMPRESSION: CLINICALLY FIT FOR RIDING CLINICALLY UNFIT FOR RIDING					
COMMENTS:					
Doctor's Stamp & Signature					



CODE OF CONDUCT

By applying to the Equine Education Program, you are required to abide by the following:

- I understand and accept the risks that riding and interacting with horses could result in horses reacting unpredictably in certain occasion and could cause fall off or injury.
- I understand that any instructions that are given to me by AI Shaqab designated staff are for my safety and I agree to follow these instructions.
- Equine Education Department has a strict Dress Code Policy and I understand that I must at all times abide by this dress code policy.
- I understand that the AI Shaqab Equine Education Department will make decisions based on the information I provide them regarding my abilities, experience, previous riding accidents and any medical condition(s), which may affect my ability to ride. I confirm that the information I provided is correct and I agree to volunteer further information when required.
- I am responsible for all of my personal items and Al Shaqab will not be responsible for loss or damage to those items.
- I understand that my instructor or Equine Education Administration may refuse my request to ride for safety or operational reasons.

- Myself, and others who are in my company, must not run or display exaggerated movements anywhere within the Al Shaqab premises at any time. I agree that if I do not follow the instructions and safety rules within the Al Shaqab premises at any time, I will be subject to the terms of the Equine Education Cancellation and Termination policies.
- I, must at all times, be respectful and polite to all who are employed at Al Shaqab. Any misbehavior will not be tolerated.
- I understand that any competition I participate in carries an extra risk over and above general riding. If I choose 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. If I am in doubt, I will use my judgment and not enter.
- If I find myself in an unsafe situation or I am not experienced enough to resolve the issue, I will notify my instructor immediately.
- I strictly agree that the terms of cancellation and termination polices that involve misbehavior within Al Shaqab Facilities will be applied at all times.
- I accept responsibility for any intentional damage I may cause to any Al Shaqab property

GENERAL TERMS & CONDITIONS

PAYMENT & FEES

- Equine Education Membership is valid for one Academic Calendar year.
- Membership fees must be paid in full at the Equine Education Administration Office a minimum of one day prior to the beginning of the students' first lesson.

DRESS CODE POLICY

- Riders must bring their own hats and whips.
 - While riding, these are mandatory:
 - a. Riding helmets.
 - b. Body-protectors for jumping lessons are recommended.
 - c. Riding Boots or Breeches or Jodhpurs.
- Suitable alternatives are tight-fitted stretch jeans, mini-chaps and good strong shoes with a heel of up to 2 cms.

ATTENDANCE

- Membership is maintained by attending lessons for the entire academic year.
- Membership is considered cancelled if members do not attend more than 3 classes without prior Notice.
 For observance of a religious holiday, rituals or event, three (3) days advance notice is required to be submitted to the Equine Education Administration.

- Annual membership fees are due upon confirmation of membership acceptance and are non-refundable & nontransferrable.
- Monthly lessons fees are due on the first of each month and are non-refundable & non-transferrable.
- Monthly payment should be settled on or before the 6th of each month.
 - All clothes should be well-fitting, nothing should be flapping or loosely draped and zips and buttons must be securely fastened.
 - Gloves are recommended.
 - These are not permitted:
 - a. Sneakers, chappals, sandals or slippers are not permitted
 - b. Shorts are not permitted
 - c. Jewelry must be removed prior to your lesson.
 - For health and safety reasons, hair that is shoulder length or longer should be tied back or a hair net should be worn.
 - Official excused absence documentation is required to be presented to the Equine Education Administration to justify exclusion for illness or medical appointment; for example Medical Certificate. School notes or any other nonauthorized documents are subject to management approval.



CANCELLATION AND TERMINATION POLICY

Cancellation and Termination of annual membership could be a result of violation of any of the General Terms and conditions stated above in this Form including:

- Non- Compliance with the Payments and Fees terms related to the timely annual and monthly payments.
- Non- compliance with Attendance Terms mentioned in the Attendance section.
- In the event of gross misconduct by a member, in this case the member could subject to termination without prior notice.
- Gross misconduct may include, but is not limited to the following:
 - Violation of any law, policy, regulation, or practice, including those related to the Code of Conduct;
 - Unlawful or improper conduct while in Al Shaqab facilities at any time.
 - Conviction of a crime which may call into question the member's ability to properly carry out him/herself.

PHOTO RELEASE

I hereby authorize the use and production of any and all photographs and other audio visual materials taken of me/my children, my ward by Al Shaqab for promotional printed materials, educational activities or for any other use for the benefit of the program.

AL SHAQAB EQUINE EDUCATION WAIVER AND RELEASE

I, ______, release and forever discharge AL SHAQAB from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the activities I or my child is engaged in at AL SHAQAB with respect to bodily injury, personal injury, illness, death or property damage that may result while I or my child is on Al Shaqab site.

Furthermore, I agree to abide by the Code of Conduct and General Terms and Conditions set forth by Al Shaqab.

By signing below, I confirm that I have read and understood all the contents mentioned in the Equine Education Department Membership Application Form and thereby enter into this release willingly and voluntarily.

APPLICANT'S SIGNATURE (PARENT/GUARDIAN if under 18)

DATE:

RECEIVED & REVIEWED BY EQUINE EDUCATION ADMINISTRATION

Name:

Signature & Date:

EVALUATATION & PLACEMENT COMMITTEE	MANAGEMENT APPROVAL	
Recommendation:	Approved Rejected	
	Date:	
Stamp & Date :	Signature & Stamp:	