**Riders Registration Form**

**Confidential:**

|  |  |
| --- | --- |
| Full name: |  |
| Tel: |  |
| Email: |  |
| Date of Birth: |  |

**Emergency contact**

|  |  |
| --- | --- |
| Contact Name: |  |
| Relationship: |  |
| Tel: |  |

**Riding ability:**

 □ Beginner □ Novice □ Intermediate □ Advanced

**Goals that you would like to reach during the course:**

**Important information:**

□ By purchasing this course, I automatically agree to the AAA Rules and Regulations.

□ I confirm that I have read, understood, and agree with the AAA Code of Conduct.

⁠□ I understand that the riding session are valid for use until the end of August 2025.

Name: Date: Signed: