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| Lesson Planning Form & Data Protection Sheet 14.01.2022-Please fill out page honestly and then return pages 1 and 2, only to me directly. Is nothing else's business for anyone!!! -Please fill out the children themselves, have them crawl or formulate them, if necessary help with the writing! |
| **To the course** | Topic/Contents: |
| On the: | In: |
| Information on | **Horseman** | **Horse** |
| Surname, first name, year of birth (voluntary date) |  |  |
| Occupation or goal |  |  |
| Instructor no = 0 | Trainer A-0, B-0, C-0 u/o PfewiMei-0 , Pfewi-0 Miscellaneous: |
| Why do I ride and why in this category? |  |
| Level of training |  |  |
| Long-term training goal-Sport independent- |  |  |
| Current training goal |  |  |
| Trainers / Trainers |  |  |
| Health restrictions Old/New***There is no treatment / therapy in the teaching units!!*** |  |  |
| Hurdles in the environment (private, professional, etc.) |  |  |
| **Positive: What can I do well. Works well****There should be something here!!!** |  |  |
| Obstacles/tasks (problems) with What could be the reason? |  |  |
| What I would like to work on in this course! |  |  |
| Open Questions / Miscellaneous |  |  |
| Email Address |  |
| Mobile number |  |
| Mailing address: |  |

**Declaration of consent Data protection**

**I agree with my signature** at the end of the form / registration until **revocation (at any time without reason),** or acknowledge that

* *mu* ***personal data*** *(telephone number, e-mail address, address, etc.) are collected, stored and processed for the purpose of event organization, etc.*

Note: This point facilitates the organization of the course, otherwise the organizer(s) may only contact you by post.

* ***I am against Corvid19: 0 – not vaccinated, 0 – 1 time, 0 – 2 times, 0- 3 times vaccinated!***
* *A* ***WhatsApp***  group will be created for the duration of the event organization and execution*. This will then be deleted immediately.*
* ***Photos*** *taken during the course may be published on michael Rohrmann's website or as part of club events and reports in print media and electronic media (club homepage, Facebook, etc .).*
* ***Photos and videos may only be taken and published with the permission of Michael Rohrmann****. Michael Rohrmann may* request *copies without incurring* any financial obligations for him  *or third parties. Not even with a publication.*
* *mu* ***name is*** ***mentioned*** *in course reports, which are published digitally on the homepage and the Facebook page .*
* *my name and e-mail address and/or mobile phone number is included in the information and event* ***e-mail distribution list*** *of Michael Rohrmann and I am regularly informed about events and important messages about horse husbandry / training / general information about horses and equestrian sports.*
* *mu* ***health data*** are included  *for* ***consideration in the classroom****, so that exercises, e.B. from movement theory or training can be applied accordingly.*  ***There is no therapy or health treatment.***  *The exercises without and on the horse should only serve to improve the harmony between rider and horse.*
* ***Tactile aids*** are used in teaching and movement theory  *, or assistance is given. If you do not want this, please indicate it below and please remind me of it, as I do not always have all the rider information in my head.*
	+ ***Please do not touch*** *(The indication of a reason is not necessary!)*
* *I release the organizer(s), speakers and helpers of claims, also third parties (helpers, owners, etc.)! Of course, intent remains excluded.*
* *In all other respects, the severability clause applies to points not listed here.*

***With the signature I confirm that I have read, understood and accepted the aforementioned information with the signature.***

***I also confirm the above declaration of consent to data protection. I know that I can revoke this at any time informally.***

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**Place/ Date/ Signature (In the case of minors, signature of both legal guardians)**

**Initial analysis:**

|  |  |
| --- | --- |
| **Date:** | **Name:** |
| **Seat / Body / Health** | **Notes:** |
|  |  |
| **Equipment:****z.B. Saddle** |  |
| **Horse:** |  |
| **Other:** |  |

**Exercise overview of the made movement theory exercises for self-application**

|  |  |  |  |
| --- | --- | --- | --- |
| **Exercise purpose / goal** | **Exercise description** | **Result** | **C:\Users\Michael Rohrmann\Dropbox\6 Bilder Videos Musik 2017\Reitsport Fotos\R verschiedenes\Smily top.jpg** |
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|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Recommended equipment**O – Balimo O – Franklin: ...... O - Miscellaneous: ...... |

**Other notes:**