



WESTERN INSTRUCTION OF BEGINNER PROGRAM 2010 EVALUATION APPLICATION FORM

Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Phone Number: (R) _____ e-mail: _____

OEF Membership #: _____ EC Membership #: _____

Date of Exam: _____ **Location:** _____

FULL - \$183.75

RETAKE - \$52.50 per section
(to a maximum of \$183.75)

_____ Lesson Plan & EAP _____ Stable Management _____ Unmounted _____ Mounted

I hereby indicate that I wish to enter the Instructor Program. I have read the list of prerequisites and requirements and agree to abide by the proposed outline, including the EC Code of Ethics & Code of Conduct. I also acknowledge that there is coaching insurance discounts available to me and that it is recommended that I take advantage of these benefits.

Signature

Date

PARENT AGREEMENT (if applicant is under age of eighteen)

I have read the outline for the Instructor Program and agree that my son/daughter may enter this Program. I am also aware that until such time as my child reaches the age of eighteen, that I am legally responsible for his/her actions. I am aware that there are coaching insurance discounts available to my child and it is recommended that he/she take advantage of these benefits.

Signature

Date

Please read the following carefully:

I do hereby release the facility at which the evaluation I am participating is being conducted, the course conductor and the Ontario Equestrian Federation/Equine Canada from any liability for any injuries or damage to myself, horse, or property caused while participating in this coaching evaluation.

Applicant's Signature: _____ Date: _____

Don't forget to include proof of your:

- 1) Current First Aid Certificate
- 2) NCCP Multi-Sport Module "A" Certificate of Completion with Equine Canada Learn to Teach Certificate **OR**
- 3) NCCP/Equine Canada 2-day Training Workshop Certificate of Completion
- 4) Mentor Program - Contract & Task Sheets
- 5) Completed the EC Western Learn to Ride Level IV
- 6) Current Equine Canada Gold (at minimum) Sport License (payable directly to EC)
- 7) Current OEF Membership
- 8) Signed EC Coaches Code of Conduct and Code of Ethics
- 9) Signed Acceptance of Risk form
- 10) Completed Assessment Application form with accompanying payment made payable to the Ontario Equestrian Federation

METHOD OF PAYMENT

Cheque Money Order VISA MasterCard	Name on Card: _____ Card #: _____ Expiry Date: _____ CSV #: _____ Signature: _____
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CANCELLATIONS:

Full registration refunds will be provided for written cancellations received prior to 30-days before the Assessment; a 25% administration fee will be applied to refunds requested after that date, however, **NO REFUNDS** will be granted less than 14-days prior to the date of the Assessment or for no-shows. The OEF reserves the right to cancel session(s) due to unforeseen circumstances or insufficient advance registration. The OEF cannot accept responsibility for expenses incurred as a result of the cancellation of an Assessment.

Return completed application to:

Ontario Equestrian Federation
 9120 Leslie Street, Suite 203,
 Richmond Hill, Ontario L4B 3J9
 Telephone: 905-709-6545 Toll-free 1-877-441-7112
 Fax: 905- 709-1867