



Physical Exemption Request Form

National Learn to Ride/Drive Programs

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albertaequestrian.com

General Information

First Name: _____ Last Name: _____

Birthday: _____ AEF #: _____

Address: _____

Prov./Territory: _____ Postal Code: _____ Phone #: _____

Email: _____

Please declare what Learn to Ride/Drive discipline you wish to receive exemption from:

English (flat) English (jumping) Western Driving Saddle Seat

Please indicate why you are unable to participate in these activities as required:

Do you plan on pursuing instructor/coach certification?

Yes No

Please list one Equestrian Professional reference:

Name: _____ Phone: _____

Please make sure the following items are included with this application:

Request Form Background Information Sheet Medical Documentation

Agreement and Consent

By completing this application and providing information to the Alberta Equestrian Federation (AEF), I acknowledge and consent to AEF sharing the information with appropriate channels as deemed necessary to confirm exemption.

Authorized Signature: _____

Name (print): _____

Date: _____

Describe Your Equestrian Background In Detail:

Please Include Any Other Additional Information/Documentation As Seen Fit: