



Instructor/Coach File Declaration

120, 251 Midpark Blvd SE, Calgary, AB T2X 1S3

Phone: 403.253.4411 ext. 3

Toll Free: 1.877.463.6233 • Fax: 403.252.5260

coaching@albertaequestrian.com

albertaequestrian.com

Instructor/Coaching File Declaration

I, _____ hereby wish to open an Instructor/Coach file with the Alberta Equestrian Federation. I understand that this file will be maintained by the Alberta Equestrian Federation and that all prerequisites will be kept confidentially in hard copy format. I acknowledge that all prerequisites must be submitted prior to attending an evaluation for my certification. I understand that I am responsible for my own preparation and will not hold Equestrian Canada, the Alberta Equestrian Federation, or the Evaluator(s) responsible for the overall results of my evaluation. By signing and submitting this form, I declare that I will be actively pursuing my Instructor/Coach certification.

First & Last Name: _____

P/TSO Membership #: _____

Primary Address (including city, province, postal):

Discipline Interests (check all that apply):

English Western Driving Saddle Seat

Level Interests (check all that apply):

Instructor Competition Coach
 Competition Coach Specialist High Performance Coach

How/Where did you hear about Equestrian Canada/NCCP Instructor/Coaching Certification?

Why is it important to you to attain certification?

Candidate Signature

Date

Parent/Guardian (if under 18 yrs)

Date