



Equine Canada Rider Level Application Form

(This form must be submitted to the PSO when the Application to Host an Evaluation is submitted to the PSO. PSO Membership applications and fees should also be submitted if required.)

Administering PSO:

Address:

Phone:

Contact Name:

Email:

All applicants must submit a completed and signed application to the evaluation coordinator. All stables conducting evaluations will ensure they provide safe facilities, have an emergency action plan in place, have valid liability insurance and agree to accept full responsibility for this evaluation.

The candidate's coach and candidate by signing this form confirm that they have reviewed the skills required at this level and are satisfied that the candidate is mentally and physically able to complete all phases. They also confirm that the candidate has done and feels proficient at performing all skills and movements to the level being challenged which includes if applicable, riding without stirrups on the flat on the horse being used for the test.

The candidate is responsible for his or her own equipment and safety thereof.

Applicant Name: _____ Rider Level: _____ PSO# _____ Age: _____
Address: _____ City/Prov: _____
Postal Code: _____ Tel(Home): _____ Cell: _____
Email: _____
Applicant Signature: _____
Parent/Guardian (Print): _____ Parent/Guardian Signature: _____
(If under 19 years of age) (If under 19 years of age)

Recommendation of Candidate's Instructor/Coach:

We have read and understood the requirements for testing at Rider Level _____ and recommend that the applicant be tested at this level. In addition we understand that Equine Canada certificates will be provided from our provincial equestrian federation/council of choice. *In the case of challenges, the candidate will write all previous written levels.*

Instructor/Coach (Print): _____ Instructor/Coach Signature: _____

EC #: _____ Contact Tel: _____ Email: _____

If a coach/instructor feels a student can successfully meet the standards of a higher level, then the following section must be completed. The candidate's coach should carefully consider the level of competency of the rider and be confident that the candidate has sufficient background knowledge to meet the requirements of previous levels

Rider Level to Challenge: _____

Applicant Name: _____ Applicant Signature: _____
Parent/Guardian (Print): _____ Parent/Guardian Signature: _____
(If under 18 years of age) (If under 18 years of age)

Instructor/Coach Signature: _____ EC #: _____