



**CANADIAN PONY CLUB**  
**2024 MEMBERSHIP APPLICATION FORM**

Page 1 of 3 (ALL pages must be completed)

FOR JAN 1 - DEC 31, 2024 (Sept. 1/23 to Dec. 31/24 for new members joining after Sept. 1/23)

**WARNING:** This document could affect your legal rights and liabilities. Please read this document carefully.

Revisions of any kind to the wording of this document are not permitted.

It is the responsibility of the applicant to be able to provide PROOF of a valid membership in the **Provincial / Territory Equine Sport Organization (PTSO)** of the province of residence AT ALL TIMES while a member of the Canadian Pony Club. If at any time, the applicant cannot provide proof of a valid and current PTSO membership, their membership in the Canadian Pony Club shall be not in good standing. The members shall have all Pony Club membership privileges suspended and shall not be permitted to attend any Pony Club activities.

If you were not a member of your PTSO at any time before Sept 1, 2023, will be under 18 years old prior to Jan 1, 2024, and are joining the CPC before Dec 31, 2024, most of the PTSO's have offered a special extended membership covering from the date of application until Dec 31, 2024. Ask your Club Administrator for more information on this extended membership.

**Please print or type all information**

<b>Member Information:</b>		<i>NOTE: Legal Guardians must provide necessary documentation.</i>
Branch/Centre: _____	Region: _____	
Last Name: _____	Given Name: _____	
Pronoun: _____	Date of Birth: ____ \ ____ \ ____	<small>MINIMUM 5 YEARS OLD WHEN APPLYING</small>
<small>To avoid confusion, please enter in the form 12/Nov/2018. Don't use numbers for both the day and month. (DD MMM YYYY)</small>		
Address: _____	City: _____	Province: _____
Postal Code: ____ - ____	Phone Number: ____ - ____ - ____	
Member E-mail: _____		
<b>Guardian Information:</b>		<small>(If Address different from member, please fill out the address information below)</small>
Last Name: _____	Given Name: _____	Relation: _____
E-mail: _____	Phone Number: ____ - ____ - ____	
Address: _____	City: _____	Province: ____ Postal Code: ____ - ____
Last Name: _____	Given Name: _____	Relation: _____
E-mail: _____	Phone Number: ____ - ____ - ____	
Address: _____	City: _____	Province: ____ Postal Code: ____ - ____
<b>Testing Information:</b>		<i>NOTE: New Members leave this section blank.</i>
Highest Full PC Level <u>ACHIEVED</u> : _____	(D1, C2, ETC)	DATE: ____ \ ____ \ ____
Any Partial Levels Achieved? _____ (e.g.: C2sm, B-FR, B2-SJ)		
If you are transferring from a Branch or Centre, what is its name? _____		
Do you have a current <b>Equestrian Canada</b> Sport License? <input type="radio"/> Yes <input type="radio"/> No    EC Number: _____		
<b>PTSO Membership Number:</b> _____ How did you hear about Pony Club (New Members)? _____		

Member names and/or photos, but no other personal information, may be used from time to time to publicize the Pony Club, and in the reporting of activity results in various media. A minimum of additional information may be disclosed to the Provincial Sport Organizations solely for the purpose of confirming if our member is or is not a member of that PTSO. For full details of our privacy policy, visit our web site at [www.canadianponyclub.org](http://www.canadianponyclub.org) CPC will also send out newsletters and communications from time to time directly to our members.

_____	\	\	_____	\	\	_____
Member's Signature		Date	Signature of <input type="radio"/> Parent <input type="radio"/> Guardian			Date

**This page must be signed. Unsigned forms must be returned to the parent.**



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I acknowledge that the sport of horses is a high-risk sport and that I am participating at my own risk and in full knowledge of the hazards and potential hazards inherent in this sport. I further acknowledge the inherent risks in riding and working around horses, which risks include bodily injury to both horse and rider which can result from normal use, competition or schooling.

In consideration of being allowed to participate, I hereby assume all risk, and I hereby release and absolve the Canadian Pony Club Inc. et al, and its affiliated Provincial Club officials, volunteers, Officers, Directors, agents, representatives and employees, and the owners and occupiers of the land upon which the competition/activity is held, from all responsibility, liability or claims of any nature and kind which I may have arising from my participation, including but not limited to bodily injury or death to myself or my horse(s) and damage to property arising from any cause whatever.

I hereby declare that we have reviewed the foregoing Acceptance of Risk paragraphs sufficiently to understand the risks involved in Canadian Pony Club Inc. membership and in Regional and National events and activities. I hereby declare that in signing this document I agree to the conditions stated herein and that it is binding upon my executors, heirs and assigns.

<p>_____ Signature of Member</p> <p>_____ Date</p> <p>_____ Print name</p>	<p>If a member is under 18 years of age at the date this form is signed, the Parent/Guardian of the member must sign. If a member is 18 years of age or older at the date of the signing of this Form, the Parent/Guardian is no longer required to accept legal responsibility for the member and need not sign.</p> <p>I acknowledge, as Parent/Guardian of _____, that I have read and fully understand and agree to the terms and conditions stated herein on behalf of _____ and myself.</p> <p>_____ Signature of:    <input type="radio"/> Parent    <input type="radio"/> Guardian</p> <p>_____ Date</p> <p>_____ Print name</p>
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**D.C. / RC ADMINISTRATOR USE ONLY**

I certify that the above-named member and parents have reviewed this document and have had an opportunity to question me for clarification of any items where they were not satisfied that they had a good understanding of the risks. My signature does not indicate any agreement to accept any risks or responsibility related to this member.

<p>This applicant has <u>provided a copy</u> of a PTSO membership card which expires on:</p> <p>_____</p> <p align="center">(copy attached)</p>
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\_\_\_\_\_  
Branch / Centre Name

<p align="center">This applicant has submitted a PTSO membership application and fees through this Club sufficient to cover the period from now until December 31, 2024.</p> <p align="center"><input type="radio"/> Yes    <input type="radio"/> No</p>
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_____ Signature of D.C. / RC Administrator	Date: ____ \ ____ \ ____ DD    MMM    YYYY (this is the official date of this application)
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If it is not a parent who is signing, the DC must see the document giving the person the authority to sign on behalf of the member.  
If this is a renewal membership, the registration is due at the National Office NO LATER THAN DEC 31, 2023

All members must complete this form immediately upon joining *Canadian Pony Club Inc. (CPC Inc.)* and upon each renewal of membership. Members who do not submit properly completed Membership Application Forms will not be permitted to take part in any CPC Inc. activities unless or until the Membership Application Form is executed and submitted to the Region. Members may have reasonable opportunity to seek independent legal advice in advance of executing this Form if desired. If any material information changes during the course of the membership, the member is obligated to advise CPC Inc. in writing of the revised information.

Completed forms will be kept on file by the Region and used to confirm that all members and their parents/guardians are aware that there are significant risks involved in working with and around horse and that all regional and national event applicants are aware of the risks involved in competition.



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**CPC GUIDE ON CONCUSSION IN OUR SPORT (added SAM 2012)**

CPC Risk Management Committee has reviewed the "Consensus Statement on Concussion in Sport 3<sup>rd</sup> International Conference on Concussion in Sport Held in Zurich, Nov 2008."

After this review our recommendations to Organizers, Coaches and Parents are as follows:

1. If a rider has any blow to the head, face, neck or other part of the body that causes an impulsive force to the head, they should be screened for acute symptoms of concussion.
2. Symptoms to screen for include: loss of consciousness, seizure, amnesia, headache, pressure in head, neck pain, nausea or vomiting, dizziness, blurred vision, balance problems, sensitivity to light or noise, feeling slowed down or in a fog, "Don't feel right", difficulty concentrating or remembering, fatigue, confusion, drowsiness, emotional or irritable, sadness or anxiousness.
3. Any athlete with a suspected concussion should be immediately removed from riding, should not be left alone or allowed to drive, and should be referred for medical assessment.
4. Same day return to riding should only be allowed with medical clearance that there was not a concussion.
5. When a concussion is diagnosed CPC recommends that parents and coaches follow the Graduated Return to Riding Protocol (table 1) allowing at least 24 hours for each stage. This is adapted from the Consensus Return to Play Protocol and time frames may be extended for children under 10 where recovery can be more complicated.

**TABLE 1. Graduated Return to Riding Protocol**

**THIS CHILD'S BRAIN IS MORE IMPORTANT THAN THIS COMPETITION, TEST, OR LESSON.**

Rehabilitation Stage	Functional Exercise at Each Stage of Rehabilitation	Objective of Each Stage
1. No activity	Complete physical and cognitive rest	Recovery
2. Light aerobic exercise	Walking, swimming or stationary cycling keeping intensity <70% MPR; no resistance training	Increase HR
3. Sport-specific exercise	Light flat riding, walk/trot in controlled setting	Add movement
4. Non-contact training drills	Progression to more complex riding on flat	Exercise, coordination, and cognitive load
5. Full contact practice	Following medical clearance, participate in normal training activities (lessons and jumping)	Restore confidence and assess functional skills by coaching staff
6. Return to play	Normal competitive riding	

This guide is to intend to support the existing rules regarding falls and shall not be used to overrule the decision of an official, examiner, instructor or safety officer to not allow a participant to continue.

I, \_\_\_\_\_, have read and understood the CPC Concussion Guide.  
Print Parent's Name

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_