

Silver Stirrups Pony Club
APPENDIX A
Letter of Intent & Certification Form

This form must be completed and submitted to the Silver Stirrups Pony Club DC by the deadline provided by the DC.

Candidate's Name: _____

Candidate's Age: _____

Current Certification and Tract: _____

Level & Tract are you requesting to test for? (ex: D3 dressage) _____

Certification Date Requested: _____

Name of Mount: _____

Mount's Age: _____

Mount's Gender (circle one): MARE GELDING

How are you (the candidate) preparing for this requested certification?

I have a copy of the Standards of Proficiency (SOPs) and study guide for my rating level requested. YES NO NEED HELP LOCATING

I have been studying the Horse Management portion of the checklist for my rating level requested. YES NO IN PROGRESS

I have reviewed and practiced the mounted portion of the checklist with my riding instructor.
 YES NO IN PROGRESS

Please read and acknowledge the following certification guidelines by signing on the signature lines below:

1. I am a member in good standing with the USPC.
2. This Letter of Intent details my desire and preparation for this certification.
3. My parent/guardian (if candidate is under 18) and I have read the Standards of Proficiency (SOPs) and agree that I meet the standards for the level I am seeking.
4. My parent/guardian (if candidate is under 18) and I understand that I must provide a suitable mount, which I have ridden and trained on in all areas of the mounted work that I will be tested on and am confident that he/she is fit and able to complete the certification requirements.
5. I also understand that all trailering to the certification site is my responsibility and that I must clean up after my horse before leaving.
6. My parent/guardian (if candidate is under 18) understands that he/she must be present during my entire testing, but must remain a silent spectator and may not assist me in any way. The parent/guardian does, however, have the right and obligation to approach the Examiner or club officer if there is any concern for his/her child's or mount's safety or welfare. The certification process will be halted until the issue is resolved. The DC or Jt. DC may also stop the certification at any time if he/she feels it is necessary for the person's or mount's safety or welfare, or if the USPC Code of Conduct is not being followed.

I understand and agree to the above policies:

Signature of Candidate: _____

Signature of Parent/Guardian: _____

Contact email: _____ Contact phone: _____

Signature of Trainer / Riding Instructor: _____

Date: _____

Reminder: A USPC medical armband or bracelet with completed, current medical information is required at all USPC events. Also, please wear your USPC pin. As with all USPC events, appropriate clothing, helmets, and footwear are required.