Alberta High Performance Team Application

Applications for the High Performance team are based on a horse/rider combination. Horse and rider must have completed three EV110 Horse Trials as a combination in order to be considered for the team.

Applicant Information		
Name:	Phone:	
Email:	Mailing Address:	
AHTA Membership #:	Date of Birth (if under 18):	
Highest Level of Completed Competition	n:	
Parent/Guardian Information (if A	pplicant is under 18)	
Name:	Relationship:	
Phone:	Email:	
	t/guardian) give f the Alberta High Performance and Development	
Parent/Guardian Signature:	Date:	
Horse Information (Please complete a	application for each qualified horse)	
Name:	Age:	
Height:	Breed:	
Highest Level of Completed Competition	n:	
Owner Information:		
Name:	Phone:	-
Hometown:	Email:	
	owner) give	
permission to ride and compete my horse	e as part of the Alberta High Performance and Dev	elopment Teams.
Owner Signature:	Date:	

Coach Information

It is a requirement	it of the F	ligh Perfo	rmance Tear	n that you ha	ve your own	n coach and	training pro	gram.
Name:				Phone: _				
Email:			F	Facility Affili	ation:			
Organization and	Level of	Certificat	ion:			Cur	rent?:	Yes No
Highest Level of	Eventing	Achieved	l:					
If not an eventer	or certifie	ed coach p	lease provid	e credentials	for other dis	sciplines/qua	alifications:	
How often do yo	u have les	sons with	this coach?:	:				
Coach Signature				Date: _				
Results EV110 and Event Name	d Above fi Date	rom 2022 & Level	& 2023 Seaso Dressage Score		XC Time Penalties	SJ Jump Penalties		Final Placing

Goal Setting Short Term Goals- What would you like to accomplish in the 2024 season? Long Term Goals- What would you like to accomplish over the next five years? 2025 Season:____ 2026 Season: 2027 Season: 2028 Season: 3. What is your time commitment to the 2024 season? (How many days per week training? How many clinics?) What is your commitment to your own personal fitness? (How many days per week do you train? Hours/ minutes per day? Describe.)

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ACKNOWLEDGEMENT

I understand that as a member of Alberta High Performance Team, I am expected to contribute to the growth of the sport of Eventing by volunteering my time at various events (AHTA Events, fundraisers, club events, casinos, sponsorship, etc.)

I understand that as a member of Alberta High Performance Team, I am expected to comply with all conditions as set forth by Alberta Horse Trials Association. I am a member in good standing of the Alberta Equestrian Federation, Alberta Horse Trials Association and Equestrian Canada. I agree to follow the Equestrian Canada Code of Conduct and Ethics, as well as the Horse Welfare Code of Conduct and understand that a breach of that will result in termination of team membership and/or refusal of future team membership application.

I understand my application will be confirmed as being received by AHTA within 4 days of being submitted and a decision with respect to my eligibility will be returned within 10 days.

I understand the following program deadlines:

- Results must be from the 2022-2023 seasons
- Applications must be received by December 31st, 2023
- Membership fees of \$175 will be due as set out in the letter of acceptance to the program.

The information requested in this Application Form and provided by the applicant and his or her parents or guardians and coaches is collected and used by the Alberta High Performance Team to assist in evaluating, planning, developing or administering its High Performance Program. In order to provide the best opportunities in Eventing to the applicant and to assist Alberta Horse Trials with its growth and success, the Alberta High Performance and Development Program will share the information with other organizations that it believes is reasonably necessary to advance its purposes.

The applicant and his or her parents or guardians hereby agree that the collection, use or disclosure of the
personal information supplied in this Application Form by Alberta High Performance and Development
Program as described above is reasonable.

Applicant Signature:	Date:	
Parent Signature:	Date:	
(required if under 18 years)		

Please submit application forms to:
Kathleen Ziegler
High Performance Chair of AHTA
ahtahighperformance@gmail.com