# **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 Preliminary Horse Trials as a combination** in order to be considered for the team.

Applicant Informatio	n			
Name:	Phone:			
Email:	Mailing Address:			
	Date of Birth (if under 18):			
Highest Level of Comp	leted Competition:			
Parent/Guardian Info	ormation (if Applicant is under 18)			
Name:	Relationship:			
	Phone:			
I	(parent/guardian) give	(rider/applicant)		
	compete as part of the Alberta High Performance and			
Parent/Guardian Signat	ure:	Date:		
Horse Information (P	lease complete application for each qualified horse)			
,	Age:			
	Breed:			
	leted Competition:			
	•			
Owner Information				
Name:	Phone:			
Email:	Hometown:			
Ι	(horse owner) give	(rider/applicant)		
permission to ride and o	compete my horse as part of the Alberta High Perforn	nance and Development Teams.		
Owner Signature:		Date:		

#### **Coach Information**

Name:	Phone:	
Email:		
Organization and Level of Certification:		Current? ☐ YES ☐ NO
Highest Level of Eventing Achieved:		
Highest Level of Eventing Achieved:  If not an eventer or certified coach, please pr		

Date:

## **Horse and Rider Results from 2023 & 2024 Season**

Please feel free to add a page to ensure all information is submitted.

Coach Signature:

<b>Event Name</b>	Date	Level	Dressage Score	XC Jump Penalites	XC Time Penalties	SJ Jump Penalties	SJ Time Penalties	Final Placing

### Goal Setting

1. Short Term Goals- What would you like to accomplish in the 2025 season?
2. Long Term Goals- What would you like to accomplish?
2026 Season:
2027 Season:
2028 Season:
3. What is your time commitment to the 2025 season? (How many days per week training? How many clinics?)
4. What is your commitment to your own personal fitness? (How many days per week do you train? Hours/minutes per day? Describe.)
5. Please comment on what competitions you wish to compete at this year. Do you plan on traveling to the US?

#### **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 2023-2024 seasons
- Applications must be received by December 31st, 2024
- 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 its 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 thepersonal 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