



CANADIAN PONY CLUB
2021 MEMBERSHIP APPLICATION FORM

Page 1 of 3 (ALL pages must be completed)

FOR JAN 1 - DEC 31, 2021 (Sept. 1/20 to Dec. 31/21 for new members joining after Sept. 1/20)

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 member 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, 2020, will be under 18 years old prior to Jan 1, 2021, and are joining the CPC before Dec 31, 2020 most of the PTSO's have offered a special extended membership covering from the date of application until Dec 31, 2021. Ask your Club Administrator for more information on this extended membership.

Please print or type all information

Member Information:		<i>NOTE: Legal Guardians must provide necessary documentation.</i>
Branch/Centre: _____		Region: _____
Last Name: _____		Given Name: _____
Gender: <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other		Date of Birth: ____ \ ____ \ ____ <small>MINIMUM 6 YEARS OLD WHEN APPLYING</small>
To avoid confusion, please enter in the form 2018/Nov/22. Don't use numbers for both the day and month (YYYY MM DD)		
Address: _____		City: _____ Province: _____
Postal Code: ____ - ____	Phone Number: ____ - ____ - ____	
Member E-mail: _____		
Guardian Information:		<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: ____ - ____
Testing Information:		<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 Equestrian Canada Sport License? <input type="radio"/> Yes <input type="radio"/> No		EC Number: _____
PTSO Membership Number: _____ 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 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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CPC GUIDE ON CONCUSSION IN OUR SPORT (added SAM 2012)

CPC Risk Management Committee has reviewed the "Consensus Statement on Concussion in Sport 3rd 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 _____