

EVENTING COACHES PROGRAM ASSESSMENT REGISTRATION FORM

Must be 18 years or older to register

Must provide a Nationwide Criminal Background Check

Must be a current USEA member at time of Assessment

Must complete Concussion Protocol Training

Must complete Safe Sport Training

Must be an ECP Registered Candidate Instructor Must show proof of current Liability Insurance (COI) Must show proof of current CPR and First Aid Must sign ECP Code of Conduct

(ECP Certificate will not be issued until all the above-listed requirements are met)

NAME					
ADDRESS	CITY		STATE	ZIP	
	EMAIL				
APPLICANT SIGNATURE		DATE		USEA MEMBER ID	
ASSESSMENT DATE:	LOCATION:		CERTIFICATION LEVEL		
ASS	SESSMENT REGIS	TRATION	l FEE: \$5	550.00	
	ired with your registration applic ant at the time of registration.	ation. Balance due	: 30 days prior t	o the start of the Assessmen	
☐ Enclosed is my check to cov Checks should be made payable to	ver the deposit: $$125.00$ \Box Ero 0 USEA (U.S. funds only)	nclosed is my checl	to cover the fu	ll assessment fee of \$550.00	
Please charge the \Box deposit (\$125.00) \Box Full amount \$550.00		To my: 🔲 Visa	☐ Master Card	d 🗖 American Express	
Credit Card #		Exp Date:	C'	VV:	
Please indicate by checking on	e of the following, your preferred	method of payme	ent of the BALAN	ICE DUE:	
Please charge the balance	due to my cred card 30 days prior	to the Assessmen	t		
☐ I will send a check for the ba	alance due 30 days prior to the As	ssessment			
Registration forms, including t	he release form, which are not co	mpleted and signe	ed will not be acc	cepted.	
Mail or Email: signed registrat	tion application, payment, and re	elease form to:			

Nancy Knight
USEA
525 Old Waterford Road, NW
Leesburg, VA 20176
nancy@useventing.com

Link to: Educational-Activities-Release-Form-2021-v2.pdf (useventing.com)