



# USEA EDUCATIONAL ACTIVITY RECAP FORM

Upon registration of any USEA Educational Activity please return this recap form, together with all USEA release forms (one for each rider and instructor) and any membership applications and fees. **Forms are to be forwarded as soon as possible after each Activity, but no later than thirty (30) days after the Activity is completed (or cancelled if the Activity is not held).** If you have questions, please contact the USEA at 703-779-0440 Ext: 3003.

All USEA Sponsored Activities must have a safety plan established and posted. A sample of the plan should be submitted to the USEA office when this recap form is submitted.

**Mail all forms and fees to: USEA Education, 525 Old Waterford Rd. N.W., Leesburg, VA 20176**

Activity recaps are used to inform and aid the education and insurance committees and USEA Board of Governors of the USEA in making decisions about USEA sponsorship of activities. Accuracy and timeliness of the information is important. Please verify that all name and dates of the Activity are consistent among the forms you have submitted. The recap form should have the same name and date as your original Activity application.

As always we seek your input so please give include any comments on the back of this form.

## ACTIVITY INFORMATION

**NAME OF ACTIVITY:** \_\_\_\_\_

**DATE(S) HELD:** \_\_\_\_\_ **WAS THIS A DATE CHANGE?**  YES  NO

**LOCATION OF ACTIVITY:** \_\_\_\_\_ **USEA AREA:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**ORGANIZER:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**TOTAL NUMBER OF RIDERS PARTICIPATING:** \_\_\_\_\_ **TOTAL NUMBERS OF INSTRUCTORS:** \_\_\_\_\_ **TOTAL COMBINED:** \_\_\_\_\_

**TOTAL NUMBER OF CURRENT/NEW/RENEWING USEA MEMBERS WHO ATTENDED THE ACTIVITY:** \_\_\_\_\_

- Life member at \$1500 + \$5 COVID-19 Recovery Fee  
(Membership application with fees or credit card number are attached with signed release forms)
- USEA Individual Full member at \$95 + \$5 COVID-19 Recovery Fee  
(Membership application with fees or credit card number are attached with signed release forms)
- USEA Junior member (18 and under) at \$70 + \$5 COVID-19 Recovery Fee  
(Membership application with fees or credit card number are attached with signed release forms)
- Collegiate Program member: \$70 + \$5 COVID-19 Recovery Fee  
(Membership application with fees or credit card number are attached with signed release forms. College Program membership only available with verification of participating USEA Affiliate College/University. You must provide a copy of your College or University Photo ID when submitting this registration to the USEA.)
- USEA Supporting member at \$50 + \$5 COVID-19 Recovery Fee  
(Membership application with fees or credit card number are attached with signed release forms)

# USEA EDUCATIONAL ACTIVITY RECAP FORM COMMENTS AND SUGGESTIONS

---

1. Comments about your activity:

2. May we publish all or part of your comments on the USEA Website?  Yes  No

3. Suggestions for USEA Educational Activities and/or forms, procedures improvement:

---

## CLINICS, CAMPS, EVENTING TESTS & SCHOOLING SHOWS

Qualified medical personnel and/or ambulance or rescue service must be ON CALL. A veterinarian must be ON CALL for any activities where horses will be on site. [USEA suggests that it is prudent for an organizer to notify local rescue personnel and any veterinarians on call of the activity and provide directions to the site to reduce response time.]

1. Was there a designated Safety Coordinator with no other responsibilities present? (Ev112.3)  Yes  No

2. Name of Safety Coordinator: \_\_\_\_\_

3. Did you review the Safety Plan with the Safety Coordinator?  Yes  No

4. Was medical personnel and/or ambulance on call?  Yes  No

5. Was a veterinarian on call?  Yes  No

6. Did you have the name and phone number of your local hospital available:  Yes  No

7. Did any human accidents/injuries/fatalities occur during this Activity?  Yes  No

If yes, please indicate the number and complete an accident/injury report form for each accident or injury. \_\_\_\_\_

8. Did any equine accidents/injuries/fatalities occur during this Activity?  Yes  No

If yes, please indicate the number and complete an accident/injury report form for each accident or injury. \_\_\_\_\_

*Thanks for your help in keeping our sport safe for all to enjoy!*