

## **CERTIFICATE AS TO COACHING STATUS**

**EQUESTRIAN CANADA ("EC")** 

TO:

AND TO: INSURA		INSURAN	ANCE BROKERS OR AGENTS (collectively, the "Insurers")		
			for EC Coach Status as part of my NCC nt and certify to the EC and to any appli		
1.	I have applied to obtain Registered Status and have completed all training and screening requirements as part of my application. I wish to participate in an EC coach evaluation session for the purpose of completing NCCP Certification in the process of obtaining Coach Status;				
2.	I am not actively coaching (not currently coaching any athletes except for the purposes of t EC coach evaluation session) and understand that I will be required to obtain my own insurance coverage prior to commencing active coaching;				
3.	I understand that the coach evaluation session will be covered under the EC insurance policy but that any activities outside of such session will require other insurance;				
4.	I understand that EC will only issue me Registered or Licenced Coach Status after all requirements, including proof of insurance, have been submitted.				
5.	I am resident in a province or territory of Canada or otherwise subject to the laws of a province or territory of Canada; and				
5.	upon execution	n of this Certi	e foregoing provisions, confirm they are ificate and delivery to EC, this Certifical pplication for Coach Status to which this	te shall be incorporated	
7.	My anticipated that I must not	_	uation date isd there be any changes/modifications to	. I understand the evaluation date.	
Sign	ature				
Print	Name of Applicant				
Date	d:				
	TIFICATE AS TO COA TUS	CHING	c/o House of Sport 2451 Riverside Drive, Ottawa, Ontario, Canada	Page <b>1</b> / <b>1</b> 2023-06-06	

K1H 7X7