



Riding Instructor Membership Application
Intercollegiate Saddle Seat Riding Association, Inc. (ISSRA)

SPRING 2008

(Please fill in, sign and mail to address at bottom of page)

Coaches Name: _____
Last First Middle Initial
Business Address: _____
Street/P.O. Box City/State/Zip Code
Business Telephone: _____ Email: _____
Cell Telephone: _____ Home Telephone: _____

Which seat(s) are you applying to coach for:

Hunt Western Saddle Seat (trotting) Saddle Seat (ambling)

NAME(S) OF SCHOOL(S)/CLUB(S) YOU ARE COACHING

(Each club may have a hunt seat, saddle seat and/or stock seat team)

(Instructors may teach up to 3 separate teams in multiple seats)

TEAM 1: (Check all that apply)

Hunt Western Saddle Seat (Trotting) Saddle Seat (Ambling)

TEAM 2: (Check all that apply)

Hunt Western Saddle Seat (Trotting) Saddle Seat (Ambling)

TEAM 3: (Check all that apply)

Hunt Western Saddle Seat (Trotting) Saddle Seat (Ambling)

Do you have liability insurance? Yes No

INSURANCE REQUIREMENTS

- 1) \$1,000,000 policy with at least \$500,000 per accident is required.
- 2) IRA must be named as an additional insured on your liability insurance policy.
- 3) Proof of numbers 1 and 2 must be sent to the IRA office along with this application. (Coaches must not teach lessons or coach as an IRA coach until proof of insurance is received by the IRA office)

I _____ have read and understand the IRA Rules, Policies and Regulations and agree to follow the rules at all times when teaching or coaching an IRA team or team member. I agree to maintain the required liability insurance as long as I coach an IRA team. I agree to evaluate the riding of each and every IRA student rider and according to the IRA class descriptions place the student in the most appropriate classes based on his/her ability. I agree to conduct myself in a professional manner at all IRA events and activities.

I affirm that all information on this application is true and correct to the best of my knowledge.

Name of Coach (*printed*)

Signature

Date

Please remit the \$50 annual membership fee, proof of the required insurance and this completed form to the IRA Office, 1500 Leestown Road, Lexington, KY 40511.