



RIDING WITH DISABILITY PERMIT APPLICATION

You must be a Current PHAA Financial Full Member or Youth Member (in your name) to apply for an Riding with Disability Permit.

Membership Name: _____ **Member No:** _____

Please note the following: You cannot show in Riding with Disability classes until such time as your application is successful and has been processed. Please allow a minimum of 14 days for processing of your application once received by the PHAA.

PRIOR to submitting your Application please refer to the PHAA Rule Book for any further information on RWD Permits.

Name of Adult applying and/or Guardian of Youth Member: _____

Contact Number: _____ **Email:** _____

Name of Youth: _____

Current Doctors Endorsement (MUST be attached to this Application)

Note: For participation in these classes, an exhibitor must produce a Doctors Endorsement which confirms/not confirms endorsement. Please refer to current eligible conditions on Doctors Endorsement. Competitors from other recognised breed organisations must have Riding with Disability endorsement from their breed. Every five years an exhibitor must re-apply for a permit.

Youth participations must be seven years of age or older for ridden classes and five years of age and over for Showmanship classes.

Declaration: In the case of adult participants and in the case of a minor participants then the parent or guardian, assumes all risk of personal injury or property damage and release and discharges PHAA, PHAA Affiliates and Show Management, their respective officers, directors, representatives and employees from any and all liability, whenever or however arising, as to personal injury or property damage occurring as a result of participation in these classes, except for the negligent act or omission, if any, of said indemnities.

Signature: _____ **Date:** _____

Applicant Adult or Guardian of Youth Member



**RIDING WITH DISABILITY
DOCTOR ENDORSEMENT**

I have been requested to Endorse the Application for Riding with Disability Permit for:

Membership Name: _____ **Member No:** _____

I confirm that I have received a copy of the relevant Section of the PHAA Rule Book with regards to the eligibility criteria required for the Permit and I deem the following Applicant as:

Applicant ***Meets*** Criteria as set out in the PHAA Rule Book

Applicant ***Does Not Meet*** Criteria as set out in the PHAA Rule Book

I declare that the above information is correct as at the date of Medical Certification of the named Applicant.

Dated this _____ day of _____, 20_____

Signature of Doctor

Please place Doctor Stamp in Box



**RIDING WITH DISABILITY
ELIGIBLE CONDITIONS**

Amputation	Hunters Syndrome
Anthrogyrosis	Juvenile Rheumatoid Arthritis
Aspergers Syndrome	Intellectual Disability
Autism	Microcephaly
Battens Disease	Multiple Sclerosis
Cerebrovascular Accident	Muscular Dystrophy
Cerebella Ataxia	Post-Polio Syndrome
Cerebral Palsy	Prader Wille Syndrome
Coffin Lowry Syndrome	Rhett Syndrome
Cystic Fibrosis	Spina Bifida
Down Syndrome	Spinal Cord Injury
Dwarfism	Tourette Syndrome
Fragile X Syndrome	Traumatic Brain Injury
Friedreich's Ataxia	Trisomy Abnormalities
Guillain-Barre Syndrome	Vision Impairment
Hearing Impairment	

**RIDING WITH DISABILITY
NON-ELIGIBLE CONDITIONS**

ADHD	Fibromyalgia
Anxiety	Learning Disabilities
Depression	Psychological Diagnosis
Dyslexia	
Eating Disorders	

**RIDING WITH DISABILITY
REQUEST FOR CONSIDERATION**

CONDITION: _____

IMPACT: _____

If this condition is similar to an already eligible condition listed above please provide comparison in conditions:
