



RIDING WITH DISABILITY PERMIT (EWD) APPLICATION

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

Member 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 EWD 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 (Page 2-3). 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: _____

Adult Applicant or Guardian of Youth Member



DOCTOR ENDORSEMENT

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

Member 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: _____

Doctor's Stamp



RIDING WITH DISABILITY ELIGIBLE CONDITIONS

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

RIDING WITH DISABILITY NON-ELIGIBLE CONDITIONS

ADHD	Learning Disabilities	Dyslexia
Fibromyalgia	Depression	Eating Disorders
Anxiety	Psychological Diagnosis	

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:

