

THE HORSE RIDING CLUBS ASSOCIATION of VICTORIA INC.

(A0002667H)

**APPLICATION FOR EXEMPTION
BY A RIDER WITH A DISABILITY****PERSONAL INFORMATION**

Name of Applicant:		HRCav Membership No:	
Signature of Applicant: (or parent or guardian if under 18 years)		Date of Application:	
Address of Applicant:			
Telephone no: (BH):		(AH):	
Mobile:			
Email address:			
I am 18 years of age or over <input type="checkbox"/> yes <input type="checkbox"/> no			
Name of parent or guardian if under 18:			
Nature of disability			
Date of onset of disability:			
Cause of disability:			
Is the disability stable or degenerative?			
<i>Note: Medical verification of the disability is required. A Doctor's Certificate giving the doctor's assessment of the nature of the disability and the amount of functional ability which the person retains is required. This documentation should be attached to the application.</i>			
Please detail any special equipment, saddlery or aid which you require to use. If there is insufficient space, attach details on a separate sheet of paper.			
Are you classified under the Para equestrian system in conjunction with the RDAA? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes – what grade?	
		What profile no?	
Have you been granted exemptions by another equestrian organisation eg; EFA or PCAV? <input type="checkbox"/> yes <input type="checkbox"/> no <i>If yes – attach a copy of the relevant exemption card or document.</i>			
Details of previous riding and competition experience:			

EXEMPTION DETAILS

Provide reasons for exemption request/s in detail.

HRCav Rule No.

Type of Exemption requested:

Reasons for request

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