

GCHSC Equestrians with Disabilities *Physicians Statement*

Please Note:

Each participant in the equestrians with disabilities competition must be at least 6 years of age and over with a diagnosed mental or physical condition attested to by a licensed physician. This form must be completed, signed by a licensed Medical doctor or doctor of Chiropractic and shown to registration desk prior to competing in any Equestrians with Disabilities competition.

Name _____
Address _____ City _____
State/Province/Country _____ Zip/Postal Code _____
Day Telephone (____) _____ E-mail _____

Eligible Conditions

From the list below, please initial each condition which applies to the applicant. Other conditions will be considered upon request (please list in space provided).

- | | |
|---|--|
| <input type="checkbox"/> amputation | <input type="checkbox"/> anthrogyrosis |
| <input type="checkbox"/> Asperger's syndrome | <input type="checkbox"/> autism |
| <input type="checkbox"/> Batten's disease | <input type="checkbox"/> cerebrovascular accident (stroke) |
| <input type="checkbox"/> cerebella ataxia | <input type="checkbox"/> cerebral palsy |
| <input type="checkbox"/> Coffin Lowry syndrome | <input type="checkbox"/> cystic fibrosis |
| <input type="checkbox"/> Down syndrome | <input type="checkbox"/> dwarfism |
| <input type="checkbox"/> fragile X syndrome | <input type="checkbox"/> Frederick's ataxia |
| <input type="checkbox"/> Guillan Barre syndrome | <input type="checkbox"/> hearing impairment |
| <input type="checkbox"/> Hunter's syndrome | <input type="checkbox"/> juvenile rheumatoid arthritis |
| <input type="checkbox"/> mental retardation | <input type="checkbox"/> microcephaly |
| <input type="checkbox"/> multiple sclerosis | <input type="checkbox"/> muscular dystrophy |
| <input type="checkbox"/> post polio syndrome | <input type="checkbox"/> Prader Willie syndrome |
| <input type="checkbox"/> Rhett syndrome | <input type="checkbox"/> spina bifida |
| <input type="checkbox"/> spinal cord injury | <input type="checkbox"/> Touretts syndrome |
| <input type="checkbox"/> traumatic brain injury | <input type="checkbox"/> trisomy abnormalities |
| <input type="checkbox"/> visual impairments | <input type="checkbox"/> Other _____ |

Medical Statement

This applicant has been diagnosed with the above designated condition(s), and is deemed able to participate in equine activities.

Name of Physician _____ Date _____
Signature of Physician _____ License _____