



THE HORSE RIDING CLUBS ASSOCIATION of VICTORIA INC. (A0002667H)

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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:

TELEPHONE NO BH:

AH:

MOBILE:

EMAIL:

I AM 18 YEARS OF AGE OR OVER

YES

NO

NAME OF PARENT OR GUARDIAN IF UNDER 18:

DISABILITY DETAILS:

Nature of disability

Date of onset of disability:

Cause of disability:

Is the disability

Stable

Degenerative?

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.

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?

yes no

If yes – what grade?

What profile no?

Have you been granted exemptions by another equestrian organisation eg; EFA or PCAV?

yes no

If yes – attach a copy of the relevant exemption card or document.

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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