

INTERSCHOOL QUEENSLAND RIDER WITH A DISABILITY (RWD) APPLICATION FORM

Interschool Queensland provides the opportunity for all juniors including riders with a disability to compete against competitors from other schools in your age group. As part of the safety and eligibility requirements all athletes in the program are required to get clearance from a medical professional confirming their disability and are considered physically able to participate in their chosen sport.

Riders Details (To be completed by the rider or parent/guardian - Please print)

First Name		Family Nar	ne			
Gender	☐ Male ☐ Female	Date Of Bir	Date Of Birth		/ /	
Address						
State		Postcode			EA Number	
Telephone No		E-mail		<u>'</u>		
Have you applied or received classification as a Para Equestrian? Yes / No						
I hereby consent to the information below being released to Equestrian Queensland.						
Statement by Rider or Guardian (if rider is under the age of 18): I understand that this application will be considered by the Interschool Queensland Committee at the next possible Committee meeting. I understand that the Committee will not discuss this application with any third parties or with Committee members outside the relevant Committee meeting. The Committee's decision will be final and no correspondence will be entered into. If accepting this application, the Committee reserves the right to accept any or all of the requested exemptions.						
Signature:					Date:	
	AILS (This section to be compattach a separate sheet or repont	•				
Other relevant fa	ctors					
I hereby certify that I have followed this patient for years and that the above named patient has the diagnosis specified above. The applicant is fit to compete but requires the following exemptions: 1						
3						
Please print						
Doctor's name:						
Address:			Tel	ephone:		
Signature:			Dat	e:		

N.B. Information disclosed on this form will be dealt with confidentially and in accordance with the Equestrian Australia Privacy Policy.





