

INTERSCHOOL QUEENSLAND ALL ABILITIES APPLICATION FORM

Interschool Queensland provides the opportunity for juniors of all abilities including riders with adaptive needs 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 have clearance from a medical professional confirming their medical details 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 Birth		/ /	
Address						
State			Postcode		EA	Number Number
Telephone No			E-mail		•	
		ed classification as ormation below bein				
application will be Committee mee third parties or vector Committee's decommittee's decommittee	e consider ting. I unde vith Commi cision will b	rdian (if rider is und red by the Interscho erstand that the Con ttee members outsi be final and no corre reserves the right t	ol Queensland nmittee will not de the relevan espondence wil	Comr discust Comi l be er	nittee at the ss this appli mittee meet ntered into.	e next possible ication with any iing. The If accepting this
Signature:						Date:
Name of Applicant Diagnosis Other relevant factors						
		owed this patient fo				ve named patient has the ng exemptions:
1				·		
2						
3						
Please print						
Doctor's name:						
Address:				Te	elephone:	
Signature:				D	ate:	

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





