



Long Island Horse Show Series for Riders with Disabilities 2016-2017 RIDER INFORMATION SHEET & MEMBERSHIP FORM

This form will be kept on file for the 2016-2017 season and only needs to be submitted one time for each season unless a change is made. Please submit this form along with the entry form one week prior to the riders 1st show of the season.

RIDER NAME: _____ SEX: _____ AGE: _____

ADDRESS: _____

TELEPHONE #: _____ E-MAIL: _____

PARENT/GUARDIAN NAME (for riders under 18): _____

DIAGNOSIS/DISABILITY: _____

PROOF OF ELIGIBILITY:

Please bring a copy with you to show or attach

- _____ Doctor signed completed medical profile
- _____ USEF Dispensation Certificate
- _____ PATH Equestrian Proficiency Card
- _____ Current IPEC rating
- _____ NDSA disability card

DIVISION ENTERED:

- _____ Aided - Leader/Sidewalker
- _____ Spotter – Beginner Independent
- _____ Advanced – Independent

RIDING AIDES:

(Aides must be provided by rider)

- _____ Leader
- _____ Leader & ___ sidewalker(s)
- _____ Spotter
- _____ Person in middle of ring to sign or repeat directions
- _____ None

MOBILITY:

- _____ Power chair _____ Independent
- _____ Manual chair _____ Crutch/cane/walker
- _____ Other (please specify): _____

MOUNTING:

- _____ From ground
 - _____ From mounting block
 - _____ From mounting ramp
- (please note; mounting ramp may not be available at all show facilities)

ARMBANDS: Armbands are permitted to identify riders who are unable to perform specific tasks due to the nature of their disability. The judge may still ask riders to perform the tasks (posting, two-point, sit). **Riders may perform the task to the best of their ability, or explain the action to the judge.** If you will be competing with an arm band please indicate below:

- _____ Unable to sit the trot (Brown)
- _____ Unable to post (Blue)
- _____ Unable to perform two-point position (Green)
- _____ Visual Impairment (Red)
- _____ Hearing Impairment (Yellow)
- _____ Non-verbal/Limited Communicative ability (White)

EXEMPTIONS:

LIST **RIDER** ADAPTIVE EQUIPMENT AND WHY IT IS REQUIRED:

LIST **HORSE** ADAPTIVE EQUIPMENT AND WHY IT IS REQUIRED:

LIST **EXCEPTIONS TO DRESS** AND WHY IT IS REQUIRED:

LIST ANY OTHER **ALLOWANCES**:

ADDITIONAL COMMENTS/IMPORTANT INFORMATION (i.e. sensitive to hot/cold temperature, unable to put heels down due to orthotics):

ADAPTIVE RIDING CENTER OR STABLE AFFILIATION: _____

TRAINER NAME: _____ USEF # _____

TRAINER ADDRESS: _____

TRAINER TELEPHONE #: _____ E-MAIL: _____

TRAINER SIGNATURE: _____ DATE: _____

RIDER SIGNATURE: _____ DATE: _____

LIHSSRD 2015-2016 MEMBERSHIP FEE: \$25.00

Riders competing in the LIHSSRD Show Series must be a registered member with LIHSSRD. Membership Fees must be paid each year in order to be eligible to compete at shows.

In addition to my Membership Fee, please accept a donation of \$ _____ to support the LIHSSRD Program

Total Fees: _____ Payment: CASH / CHECK# _____

Send all forms and payment to:
HorseAbility- LIHSSRD
At SUNY College at Old Westbury
PO Box 410-1. Old Westbury, NY 11568