

# Long Island Horse Show Series for Riders with Disabilities 2010-2011 RIDER INFORMATION SHEET



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*
- \_\_\_\_\_ *NARHA Equestrian Proficiency Card*
- \_\_\_\_\_ *Current IPEC rating*
- \_\_\_\_\_ *NDSA disability card*

**CLASSES ENTERED:**

- \_\_\_\_\_ *Leader/Sidewalker Walk*
- \_\_\_\_\_ *Leader/Sidewalker Walk/Trot*
- \_\_\_\_\_ *Leader/Sidewalker Walk/Trot/ Figure 8*
- \_\_\_\_\_ *Spotter/Independent Walk*
- \_\_\_\_\_ *Spotter/Independent Walk/Trot*
- \_\_\_\_\_ *Spotter/Independent Walk/Trot/Figure 8*
- \_\_\_\_\_ *Independent Walk/Trot*
- \_\_\_\_\_ *Independent Walk/Trot/Figure 8*
- \_\_\_\_\_ *Independent Walk/Trot/Canter Group*
- \_\_\_\_\_ *Independent Walk/Trot/Canter Individual*
- \_\_\_\_\_ *Equitation Challenge Class Walk/Trot/Canter/cross-rail*

**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 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:

**ARM BAND:** \_\_\_\_\_ *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 (White)*

LIST RIDER ADAPTIVE EQUIPMENT AND WHY IT IS REQUIRED:

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LIST HORSE ADAPTIVE EQUIPMENT AND WHY IT IS REQUIRED:

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LIST EXCEPTIONS TO DRESS AND WHY IT IS REQUIRED:

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LIST ANY OTHER ALLOWANCES:

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

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THERAPEUTIC RIDING CENTER OR STABLE AFFILIATION: \_\_\_\_\_

TRAINER NAME: \_\_\_\_\_ USEF # \_\_\_\_\_

TRAINER ADDRESS: \_\_\_\_\_

TRAINER TELEPHONE #: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

DATE SUBMITTED: \_\_\_\_\_

*This form will be kept on file for the 2010-2011 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 1<sup>st</sup> show of the season.*

**Send all forms to:**  
**HorseAbility- LIHSSRD**  
**238 Round Swamp Rd.**  
**Melville, NY 11747**

If you have any questions regarding LIHSSRD or this form please visit [www.horseability.org](http://www.horseability.org) or contact Tina Rocco at 631-367-1646 ext.14 or [LIHSSRD@aol.com](mailto:LIHSSRD@aol.com).

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