

Para-Equestrian National Classification Registration Form



Please complete and return to Sarah Hadley, RDA National Office, 1a Tournament Court
Edgehill Drive, Warwick, CV34 6LG a **minimum of 6 weeks** prior to classification.

Title:	Mr		Mrs		Miss		Ms		Other	
Surname:										
Forename(s):										
Address:										
Postcode:					Date of Birth:					
Telephone:					Mobile:					
Email:										
RDA Group:										
BD Membership No:					BS Membership No:					
Other* Membership No:										

*Please state which member body this is for

Registration forms will only be accepted with payment of £50.00. Please see below for payment options.

- Please make cheques payable to Riding for the Disabled Association
- We cannot accept payment by Diners Club or American Express

Please debit my debit/credit card number:															
Valid From				Month		Year		Expiry Date				Month		Year	
Issue No. (switch only)								3 Digit Security Code							
Cardholders Name															
Cardholders Signature															

Please ensure that the following documents are enclosed, failure to supply this information will result in a delay in a classification date being arranged.

- Signed Consent Form
- Signed Medical Diagnosis Form (or appropriate medical information from Consultant)
- Payment for Classification

Please familiarise yourself with the National Classification Guide: Para-Equestrian



Certificate of Diagnosis for Para-Equestrian Classification

The person named below is required to undergo Para-equestrian Classification to compete at national level of their chosen sport. During the classification process the approved Classifier (physiotherapist announced by the Riding for Disabled Association RDA) will assess their physical impairment as relevant to the requirements for riding a horse. To assist the classification assessment process a confirmation of the medical diagnosis is required. In some instance, a copy of a report from a medical specialist e.g. neurologist, will be required.

Athlete's Details (to be completed by the Athlete applying for classification – Please print)

First Name		Family Name	
Gender		Date of Birth	
Address			
City		Postcode	
Telephone Number			
I hereby consent to the information below being released to the RDA for the purpose of Para-Equestrian Classification.			
Signature		Date	

Medical Details (This section to be completed by a **Doctor or Medicine only** – please print clearly). Please attach a separate sheet or report if insufficient space

Name of the Applicant	
Diagnosis	



Test results to support the above diagnosis e.g. MRI, CT, Muscle biopsy, never conduction.	
Other relevant factors e.g. Epilepsy, Diabetes, and Heart Disease.	

I hereby certify that I have followed this patient for ____ years and that the above named patient has the diagnosis specified above. Please print:

Doctor's Name:	
Address:	
Signature:	
Date:	

N.B. Information disclosed on this form will be dealt with confidentially by the RDA and BD and in accordance to the IPC Code of Ethics for Classification.

Guidelines for the medical practitioner completing this form:

Requirements

Relevant and appropriate medical documentation is essential to the process of Classification of Athletes for International para-Equestrian Competition.

This medical information should provide the results of medical test and investigations which demonstrate that the Athlete has a diagnosis of a medical condition which leads to their presenting physical impairments.

It is not necessary to supply a report stating the symptoms such as weakness, pain, lack of sensation, inability to walk or perform certain actions. These limitations are assessed during the Athlete Evaluation process by the accredited Classifier.

Example 1 – a person with Multiple Sclerosis will have had various tests, for example MRI scans, during the investigation to find the cause of the symptoms. The results of the tests and the report from the neurologist clearly stating the full diagnosis is required.

Example -2 a person with a peripheral nerve damage and /or muscle weakness or paralysis is required to provide results of a never conduction test and other relevant investigations including a summary report from a neurologist or a neurophysiologist.



Para-Equestrian Consent form

1. I agree to undergo the Athlete Evaluation process detailed in the National Classification Policy and Regulations and administered by a designated Classification Panel. I understand that this process may require me to participate in sport - like exercises and activities which may include me being observed whilst competing /riding. I understand that there is a risk of injury in participating in exercises and activities. I confirm that that I am healthy enough to participate in Athlete Evaluation. I understand I may be required to undergo Athlete Evaluation on more than one occasion.
2. I understand that I have to comply with the requests made by the Classification Panel. This includes providing sufficient documentation so as to allow a Classification Panel to determine whether I comply with the eligibility requirements for national classification. I understand that if I fail to comply with any such request then Athlete Evaluation may be suspended without a Grade (Sport Class) being allocated to me and therefore I will not be allowed to compete at national Competitions until a Grade is allocated to me.
3. I understand that Athlete Evaluation requires me to give my best effort, and that any intentional misrepresentation of my skills, abilities and/ or the degree of my Impairment during Athlete Evaluation may result in me facing disciplinary action in accordance with the FEI (Refer FEI General Regulations – Article 161).
4. I understand that Athlete Evaluation is a judgment process and I agree to abide by the judgment of the Classification Panel. If I do not agree with the decision of the Classification Panel, I agree to abide by the Protest process as defined in the Classification Regulations.
5. I agree to be videotaped and photographed during the Athlete Evaluation process and that this may include my activity on and off the field of play during the Competition /riding.
6. I agree and consent to maintaining and processing my personal data in any format, including my full name, country, date of birth, sport, Grade (Sport Class), Grade Status and relevant medical information. I agree and consent to my name, country and Grade (Sport Class) and Grade Status being published and shared with third parties such as Competition Organisers.

Please tick as appropriate:

- I wish to assist the national classification system in developing the Classification system and therefore allow my data collected during Athlete Evaluation and video material recorded during training and competition to be used for research and educational purposes. I understand that I may withdraw this consent at any time.
- I agree to the RDA providing details of my Athlete Evaluation to my National Federation if requested.

Athlete's Details (to be completed by the Athlete applying for classification – Please print)

First Name		Family Name	
Gender		Date of Birth	
Telephone Number		Have you ever applied for Classification previously?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signature		Date	