



# CANADIAN PONY CLUB

## CONFIDENTIAL DISABILITY

### INFORMATION REQUEST

Loyalty

Character

Sportsmanship

Dear Registered Health Care Provider:

Your patient/client belongs to the Canadian Pony Club (CPC), a member-based association managed by volunteers, mandated to serve the needs of Canadian youth ages 6 to 25, who are interested in riding, learning about and/or caring for horses/ponies.

The CPC Equity Policy states that membership shall be open to eligible persons without regard to nationality, race, religion, culture, gender, ability or sexual orientation. To operationalize the value of inclusiveness we have developed an Accommodation program to address in particular the potential differential needs of members with disabilities (e.g. physical, intellectual, sensory) as identified by a qualified diagnostician. Attached is a form which we are asking the member's parent/legal guardian, or in the case of members 18 years of age and older, the member her/himself, to have completed by you, documenting the member's disability and any limitations which need to be recognized re: safety for rider and others, and safety of the horse. This information is only required to be provided if the member and his/her family are asking for CPC program modifications and/or accommodations based on the diagnosed permanent disability and in no way impacts on general membership and regular participation in club (Branch, Regional, National) activities.

To be completed by Parent/Legal Guardian, or Member aged 18+.

Member Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

CPC Region: \_\_\_\_\_ Regional Chair: \_\_\_\_\_

Regional Contact information: \_\_\_\_\_

Signature: \_\_\_\_\_

The completed form is under the control of the Member and Parent/Legal Guardian for members under 18. Please return it to them to share, at their discretion with the Canadian Pony Club and its representatives. If you have any questions about this process please contact the member's region as noted above.

Thank you for your assistance.



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*The information you provide on this form is essential to the process of providing program modifications requested by your client/patient to enable safe participation in programs through membership in the Canadian Pony Club.*

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Legal Guardian: \_\_\_\_\_

CPC Region/Club: \_\_\_\_\_

Diagnosed Permanent Disability(ies):

- Sensory (e.g. blind/low vision; deaf/hard of hearing, etc.) \_\_\_\_\_
- Mobility (e.g. Cerebral Palsy; Rheumatoid Arthritis, etc.) \_\_\_\_\_
- Chronic Medical (e.g. Epilepsy; Diabetes, etc.) \_\_\_\_\_
- ADD/ ADHD
- Specific Learning Disability
- Intellectual Disability-mild
- Acquired Brain Injury
- Mental Illness

Relevant Functional Limitations: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
Professional's Signature

\_\_\_\_\_  
Professional's Name (Please Print)

Date: \_\_\_\_\_

Verification i.e. Stamp, Registration #