

Membership Application for Equestrians with Disabilities

FOR OVERNIGHT DELIVERY TO AQHA: 1600 QUARTER HORSE DR, AMARILLO, TX 79104 • MAILING ADDRESS: P.O. BOX 200, AMARILLO, TX 79168

ASSOCIATION www.aqha.com • © 806-376-4811

Please be sure that all fields are completed with the appropriate information. Missing information will delay the processing of your application.

Please mail the completed form to: AQHA Membership PO Box 36300 Amarillo, TX 79120-6300 AQHA ID # (if known) Don't forget to include a check payable to AQHA or supply your credit card information. O Individual Membership: When marking a selection circle, please fill it in completely. PLEASE NOTE: Per Rule SHW765.1 in the AQHA Official Handbook of Rules and Regulations, each participant in the equestrians with disabilities competition must be 8 years of age and over with a diagnosed mental or physical condition attested to by a licensed medical physician. The Special Diagnosis form must be completed, signed by a licensed medical doctor and returned to AQHA prior to competing in any AQHA-approved Equestrians with Disabilities competition. A MEMBERSHIP APPLICATION FOR EQUESTRIANS WITH DISABILITIES MUST BE ACCOMPANIED BY A DIAGNOSIS FORM. INCLUDE AN ADAPTIVE EQUIPMENT FORM WHEN NECESSARY. MEMBERSHIP TYPE AND DURATION Please select one **GENERAL** YOUTH 12-month Membership – \$55 USD 12-month Membership – \$20 USD 36-month Membership - \$140 USD 36-month Membership – \$50 USD Life Membership – \$1,250 USD Life Membership (through age 18) - \$100 USD Show Management Fee – \$5 USD Fees subject to change If you are interested in an amateur membership, please contact AQHA at 806-376-4811. First Name: Last Name: Middle Name/Initial: Address: City: State/Province:

E-MAIL OPTIONS

Country:

Zip/Postal Code: F-mail Address:

Work Phone:

From time to time	. AQHA sends e-mail	important to our mer	nhare about avant	s and other promot	ional naws
FIOHI WHILE TO WHILE.	. AUTA Selius e-iliali	important to our mer	libers about event	s and other bronnor	ionai news.

Please indicate whether or not you would like to receive these e-mail messages from AQHA.

\circ	YES, I would like all information AQHA sends via e-mail in the future.
\circ	YES, I would like information about my membership and AQHA business, but no promotional information.
Phone:	Date of Birth (MM/DD/YYYY):

	AREAS OF INTEREST Please select your areas of interest.
Breeding – Ranch Work Breeding – Racing Breeding – Showing Breeding – Recreational Riding Recreational Riding Racing Competition Ranch Use Compete in AQHA Horse Shows Compete in Open and Local Show	Rodeo Competition Compete in Youth Events, such as 4-H, FFA, NHSRA, Other Rodeo Organizations, Judging Contest, Pony Clubs, Playdays; Gymkhanas Compete in AQHA Youth Shows Professional Trainer/Exhibitor Racing Fan Compete in NCHA Events Compete in NRHA Events Compete in NRCHA Events Compete in NRCHA Events Compete in NRCHA Events Riding Instructor Political Action Mounted Shooting Compete in Dressage
	CHECK OMONEY ORDER AMERICAN EXPRESS MASTERCARD VISA CARD NUMBER EXP. DATE (MMYY) IF PAYING BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING: VISA DAYTIME PHONE
	CARDHOLDER NAME
	CARDHOLDER SIGNATURE BILLING ZIP CODE
	DO NOT SEND CASH • U.S. FUNDS ONLY

MEMBERSHIP AGREEMENT

Would you like to automatically renew your membership when it expires?

Dues payments MAY BE deductible by members as an ordinary and necessary business expense; however, donations or gifts to the American Quarter Horse Association are not deductible as charitable donations for federal income tax purposes. Donations to the American Quarter Horse Foundation ARE tax deductible to the extent allowed by law. One dollar of your annual membership dues is designated as a subscription to **America's Horse**, AQHA's official member publication. Through payment of membership dues you acknowledge that membership in AQHA is voluntary, and that you agree to be bound by the terms and conditions of **AQHA's Official Handbook of Rules and Regulations**.

○ Yes ○ No





QUARTER HORSE ASSOCIATION Special Diagnosis Form

PLEASE NOTE:

Per Rule SHW762.10 in the AQHA Official Handbook of Rules and Regulations, each participant in the equestrians with disabilities competition must be 8 years of age and over with a diagnosed mental or physical condition attested to by a licensed medical physician. This form must be completed, signed by a licensed medical doctor and returned to AQHA prior to competing in any AQHA-approved Equestrians with Disabilities competition

Name			AQHAID# (if known)	
Address				
City				
State/Province/Country	Zip/Postal Co	ode		
Day Telephone ()	E-mail			
ELIGIBLE CONDITIONS From the list below, please indicate each of amputation (partial to full joint) ankylosis arthrogryposis Asperger syndrome autism spectrum disorder Batten disease cerebrovascular accident (stroke) cerebellar ataxia cerebral palsy	Coffin-Lowry syndrome cystic fibrosis Down syndrome dwarfism fragile X syndrome Friedreich's ataxia Guillain-Barre syndrome hearing impairment Hunter syndrome	cant. Other conditions will be considered juvenile rheumatoid arthritis mental retardation microcephaly multiple sclerosis muscular dystrophy paresis post-polio syndrome Prader-Willi syndrome Rett syndrome spina bifida	ered upon request (please list in space proves s spinal cord injury Tourette syndrome traumatic brain injury trisomy disorders visual impairment upper motor neuron lesions vision impairment	ided).
MEDICAL STATEMENT In accordance with AQHA Rule SHW765, th	intellectual disability	he above designated condition(s).		
Name of Physician		Date		
Signature of Physician		License		
City and State/Province/County of Practice	<u> </u>			
property damage, and releases and discharges, from any liability, whenever or however act or omission if any of said indemnities. If occurring as a result of the participation and	ges American Quarter Horse Associal r arising, as to personal injury or pro the participant is a minor, the parent I does hereby release and discharge or however arising from such particip	tion and Show Management, their res perty damage occurring as a result of or guardian, by allowing participation AQHA and Show Management, their pation, except for the negligent act or or	each participant assumes all risks of personal spective officers, directors, representatives an af participation in these events, except for the assumes all risk of personal injury or propert respective officers, directors, representatives omission, if any, of an indemnitee. Further, as nor.	negliger negliger y damag s, and en
Signature of participant or parent/guardian (if under 1	8)		Date	

PLEASE RETURN COMPLETED FORM TO AMERICAN QUARTER HORSE ASSOCIATION COMPETITION DEPARTMENT/ EQUESTRIANS WITH DISABILITIES P.O. BOX 200 AMARILLO, TEXAS 79168 806-376-4811 or Fax 806-349-6412



QUARTER HORSE Equestrians with Disabilities Competition ASSOCIATION Special Adaptive Equipment and Independent Riding Ability Form

PLEASE NOTE: Per Rule SHW765.1 in the AQHA Official Handbook of Rules and Regulations, the use of special adaptive equipment is permissible for competitor and American Quarter Horse where appropriate. Participation in these approved events requires this special adaptive equipment form. This form must be completed, signed by a Professional Association of Therapeutic Horsemanship (PATH) International certified instructor, certified Special Olympic coach or certified therapeutic riding instructor, indicating the adaptive equipment is required for the participant and return to AQHA prior to competing in any AQHA-approved Equestrians with Disabilities competition.

		·		
Name				
Address			AQHA ID # (if known) _ City	
State/Province/Country				
Day Telephone ()	E-mail			
ACCEPTABLE ADAPTIVE EQ From the list below (SHW765.1), ple	UIPMENT ease indicate the special adaptive equip	ment used by the competitor. Other equ	uipment will be considered.	
SADDLE Raised pommel Raised cantle Hard hand holds Soft hand holds Seat saver Knee rolls/blocks Thigh rolls/blocks Padded saddle flaps STIRRUPS Rubber bands around foot and stirrup Enclosed stirrups Strap from stirrup leather to girth/cinch Strap from stirrup to girth/cinch Strap from Stirrup to girth/cinch Strap from Stirrup to girth/cinch	765.1 , this applicant will be using the above	RIDING ATTIRE No boots if using safety stirrups (Peacock, S-shaped irons or Devonshire stirrups) Modified riding boots Gaiters Half chaps Off set spurs Safety vest POSTURE, POSTURAL SUPPORTS & ORTHOSES L or R Arm sling Neck collar Ankle foot orthoses Prosthesis	 Wrist brace Back support Trunk support Gait belt OTHER AIDS Commander using sign language Enlarged arena letters Audio Communications (for hearing impaired) Voice Bareback Pads Surcingles Other 	
·	ocolai 0103303.	Date		
Signature		Certification Number		
Type of certified instructor, check one: Professional Association of Thera Certified Special Olympic coach Certified therapeutic riding instruc	apeutic Horsemanship International (PATH)		ber Number	
PLEASE NOTE: AQHA does not assum damage, and releases and discharges Am ability, whenever or however arising, as to indemnities. If the participant is a minor, the and does hereby release and discharge AQ	ne responsibility for safety of participants. In the rerican Quarter Horse Association and Show personal injury or property damage occurring a e parent or guardian, by allowing participation that And Show Management, their respective of the negligent act or omission, if any, of an inde	Management, their respective officers, direct as a result of participation in these events, exc assumes all risk of personal injury or property fficers, directors, representatives, and employed	t assumes all risks of personal injury or property ors, representatives and employees, from any li- cept for the negligent act or omission if any of said or damage occurring as a result of the participation ees from any and all liability, whenever or however they agree to indemnify and hold harmless AQHA	
Signature of participant or parent/guardian (if unde	er 18)		_Date	

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