
RDA Peninsula

IMPORTANT INSTRUCTIONS

BEFORE YOU SUBMIT YOUR APPLICATION:

PLEASE ENSURE THIS APPLICATION FORM IS COMPLETED IN BLOCK LETTERS IN BLUE OR BLACK PEN.

Participant Goals are completed by Applicant with input from parent/carer/teacher/therapist/coach

Section 1-10 is filled out by the Applicant or Guardian/Parent (where the Applicant is under 18 years of age or cannot provide informed consent).

Medical Consent Form (pages 10-12) is filled out by your regular doctor for new participants or for renewing participants with a change in medical condition.

(Please note the application **cannot** be accepted if this section is not completed and signed in full by your doctor)

Payment is attached or the credit card section is completed

Sent to, RDA Peninsula, PO Box 3, Mount Martha, Victoria 3934

Please note: An incomplete application form, or an application form with incorrect or missing payment will be returned.

Applicants are not permitted to ride without a completed application form submitted to the RDA Centre, registered with RDA Victoria and payment finalised.

Riding for the Disabled Association of Victoria 2023 PARTICIPANT REGISTRATION FORM



BACKGROUND

Copies of this form are to be kept by The Centre, Riding for the Disabled Association of Victoria (RDAV) State Office and the Applicant, and may be requested at any time to be sent to Riding for the Disabled Association of Australia Limited (RDAA).

Information may be reported for statistical purposes to Riding for the Disabled Association of Australia Limited (RDAA).

Personal information is collected for the purpose of billing and contact details, statistical and data collection for marketing and reporting to government agencies. This may include the Australian Sports Commission and its State bodies, Department of Disability and NDIS and Departments for Health and Community Care.

The disability information contained in this form is forwarded to State & National Offices for annual survey purposes, but is not used for any other purpose. The Medical Consent Form is a confidential document which is held in secure conditions by the RDA Centre and RDAV State Office and is accessible only to the RDA Coaches and authorised officers for the purpose of developing suitable RDA programs and activities. The form may be accessed by the participant, parent/guardian at their request.

PARTICIPANT GOALS (to be completed by participant with input from parent/carer/teacher/therapist/coach)

a) What do you wish to achieve with your riding?

SHORT TERM

LONG TERM

b) What would you like to improve?

- | | |
|--|--|
| <input type="checkbox"/> Communication Skills | <input type="checkbox"/> Upper Limb Skills |
| <input type="checkbox"/> Attention / Concentration on task | <input type="checkbox"/> Endurance |
| <input type="checkbox"/> Mobility Sitting / Standing / Walking | <input type="checkbox"/> Self-esteem/Confidence |
| <input type="checkbox"/> Posture Sitting / Standing / Walking | <input type="checkbox"/> Enjoyment/Motivation |
| <input type="checkbox"/> Balance Sitting / Standing / Walking | <input type="checkbox"/> Social skills and interaction |
| <input type="checkbox"/> Independence | <input type="checkbox"/> Riding skills |
| | <input type="checkbox"/> Other (please specify) |

COMMENTS

Riding for the Disabled Association of Victoria
2023 PARTICIPANT REGISTRATION FORM



1. APPLICATION FOR PARTICIPANT REGISTRATION 2023 AT RDA Peninsula

NEW REGISTRATION

RENEWAL

2. PERSONAL DETAILS

TITLE: (Mr, Mrs, Ms, Miss, Dr, Rev, other): _____

GIVEN NAME: _____ FAMILY NAME: _____

ADDRESS: _____

CITY/SUBURB: _____ STATE: _____ POSTCODE: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

SERVICE PROVIDER: _____

HEIGHT: _____ WEIGHT: _____

MALE FEMALE OTHER _____

DATE OF BIRTH: ____/____/____ AGE AS OF 1ST JANUARY 2023 _____

Would you like to stay up to date by receiving our newsletter? Yes No

3. EMERGENCY CONTACT

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

POSTCODE: _____ PHONE: WORK: ___ HOME: _____

MOBILE: _____

4. BILLING INFORMATION (if different from above)

NAME: _____ (Parent, Carer, School or Institution)

ADDRESS: _____

CITY/SUBURB _____ STATE _____ POSTCODE: _____

PHONE: _____ EMAIL: _____

Riding for the Disabled Association of Victoria 2023 PARTICIPANT REGISTRATION FORM



5. APPLICATION FOR MEMBERSHIP AND APPLICANT'S CONSENT

PLEASE READ BEFORE SIGNING THE DECLARATION ON SECTION 10 (PAGE 7)

I _____ (name), the Applicant hereby apply for membership of Riding for the Disabled Association of Victoria Inc. (RDAV) and provide my written consent to participate in RDAA Activities. In so applying and in consideration of my application for membership being accepted I **acknowledge and agree** that:

1 "RDAA" for the purposes of this membership application and declaration means and includes the Riding for the Disabled Association of Victoria Inc. and, where the context so permits, includes Riding for the Disabled Association of Australia Limited (RDAA), their respective Directors, Officers, Members, Servants and Agents.

2 If accepted, I agree to become a member of RDAV and RDAA and I will participate at an allocated RDAV Centre.

3 No clause of this Application may be amended or deleted by the Applicant. Any attempt to amend or delete renders the Application void and RDAV and RDAA will not accept it.

4 Insurance: Membership of RDAV and RDAA will provide me with limited insurance cover (**Cover**) whilst I am performing or participating in any authorised or recognised RDAV or RDAA activity (**Activity**). (*For insurance details contact RDAA National Office.*) I can, in my own interests, seek and obtain personal insurance over and above the Cover provided by RDAA.

5 The RDAV and RDAA constitutions (as amended from time to time) are contracts between me and RDAV and me and RDAA respectively. Each constitution is necessary and reasonable for promoting and providing the RDAV services and programs. I acknowledge and agree to comply with the constitutions and any applicable by-laws (as amended from time to time) of both RDAV and RDAA, if my application is accepted. Where there is any inconsistency between the constitutions of RDAV and RDAA, the constitution of RDAA will prevail.

6 Warning: The services provided by RDAV and RDAA, as the case may be, including but not limited to recreational and therapeutic riding, carriage driving and vaulting, can be inherently dangerous. Serious accidents can happen which may result in injury or death. I have voluntarily read and understood this warning and accept and assume the inherent risks in riding (including but not limited to recreational and therapeutic riding, carriage driving and vaulting).

WARNING UNDER THE AUSTRALIAN CONSUMER LAW AND FAIR TRADING ACT 2012

If you sign this form, you will be agreeing that your rights to sue the supplier under the *Australian Consumer Law and Fair Trading Act 2012* are excluded, restricted or modified in the way set out in this form, if you are killed or injured because the services provided were not in accordance with the statutory guarantees outlined below.

Under the Australian Consumer Law (Victoria), several statutory guarantees apply to the supply of certain goods and services. These guarantees mean that the supplier named on this form is required to ensure that the recreational services it supplies to you-

- are rendered with due care and skill; and
- are reasonably fit for any purpose which you, either expressly or by implication, make known to the supplier; and
- might reasonably be expected to achieve any result you have made known to the supplier.

Under section 22 of the *Australian Consumer Law and Fair Trading Act 2012*, the exclusion of these statutory guarantees is brought to your attention by this form.

NOTE: The change to your rights, as set out in this form, does not apply if your death or injury is due to gross negligence on the supplier's part. **Gross negligence**, in relation to an act or omission, means doing the act or omitting to do an act with reckless disregard, with or without consciousness, for the consequences of the act or omission. See regulation 5 of the Australian Consumer Law and Fair Trading Regulations 2012 and section 22(3)(b) of the *Australian Consumer Law and Fair Trading Act 2012*.

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7 Exclusion of Liability: Except where provided or required by law and such cannot be excluded, I agree that it is a term of my membership (if accepted) that RDAA is absolved from all liability however arising from injury or damage however caused (whether fatal or otherwise) arising out of my membership and/or participation in any RDAA Activity.

I acknowledge that the services and benefits I receive under my membership are “recreational services” as defined under the *Trade Practices Act 1974*.

Where I am a consumer, as defined by any relevant law, certain terms and rights may be implied into a contract for the supply of goods or services for my benefit. I acknowledge that these terms and rights, and any liability of RDAA flowing from them, are expressly excluded, restricted or modified by these membership terms and conditions.

8 Release and Indemnity: In respect of all other rights of action which I may have against RDAV and RDAA and in consideration of RDAV and RDAA accepting my application for membership, I:

- a) release and forever discharge RDAA from all Claims that I may have or may have had but for this release arising from or in connection with my membership and/or participation in any RDAA Activity; and
- b) indemnify and hold harmless RDAA to the extent permitted by law in respect of any Claim by any person including but not only another Member of RDAA arising as a result of or in connection with my membership and/or participation in any RDAA Activity. In this clause 8 “Claims” means and includes any action, suit, proceeding, claim, demand, damage, penalty, cost or expense however arising but does not include a claim in respect of any action, suit, made by any person entitled to make a claim under a relevant RDAA insurance policy or any personal insurance held by the member.

9 Applicant’s Obligations

The Applicant agrees that he/she:

- c) will not participate in equestrian activities whilst under the influence of alcohol, or non prescribed drugs;
- d) will follow the instructions of RDAV servants, agents, representatives and volunteers at all times;
- e) will at all times agree to wear an approved helmet and suitable footwear unless otherwise agreed through an exemption;
- f) is liable for any loss or damage occasioned to RDAV servants, agents, representatives and volunteers and to any other member of the public arising from any injury or damage whatsoever caused by the Applicant due to the Applicant’s negligent or reckless conduct whilst participating in RDAV activities

10 Fitness to Participate: I declare that I am and must continue to be medically and physically fit and able to participate in any Activity within my range of abilities. I am not and must not be a danger to myself or to the health and safety of others. I will immediately notify the Centre in writing of any change to my fitness and ability to participate. I understand and accept that RDAV and RDAA will continue to rely upon this declaration as evidence of my fitness and ability to participate. I acknowledge that if I have or have had any medical condition or disability (e.g. physical, intellectual, psychiatric or behavioural) I am required to submit with this application a medical consent form completed by a medical practitioner. Further, I acknowledge that RDAV or RDAA may in their reasonable discretion require me to provide a medical consent form completed by a medical practitioner even if I have declared that I do not have or have not had a medical condition or disability.

11 Medical Treatment: I consent to receiving any medical treatment that RDAV considers necessary or desirable during an Activity. I also agree to reimburse RDAV for any costs or expenses incurred in providing me with medical treatment.

12 Privacy: I understand that the information I have provided is necessary for the objects of RDAV and RDAA. I acknowledge and agree that the information will be disclosed by my Centre to RDAV and RDAA and will only be used for the objects of RDAV and RDAA and to provide me with membership services. I understand that I will be able to access my information through my Centre and/or RDAV. If I do not provide sufficient or satisfactory information, my membership application may be rejected.

13 Copyright in photographs and right to use: I acknowledge and consent to photographs being taken of me during my participation in RDAA Activities. I acknowledge that the photographs are owned by RDAA and RDAV. RDAA and RDAV may use the photographs for promotional or other purposes without my further consent being obtained. I can withdraw my permission at any time. **Please circle: YES / NO**

Riding for the Disabled Association of Victoria 2023 PARTICIPANT REGISTRATION FORM



6. RDAV CHILD SAFE CODE OF CONDUCT

This Code of Conduct outlines appropriate standards of behaviour by adults towards children.

The Code of Conduct aims to protect children and reduce any opportunities for abuse or harm to occur. It also helps staff and volunteers by providing them with guidance on how to best support children and how to avoid or better manage difficult situations. This Code of Conduct applies to all people involved in RDAV activities, including coaches, officials, volunteers and parents.

All RDAV Staff and Volunteers are responsible for promoting the safety and wellbeing of children and young people by:

- Adhering to our Child Safe Policy, this Code of Conduct and other RDAV and RDAA Policies
- Taking all reasonable steps to protect children from abuse
- Treating everyone with respect, including listening to and valuing their ideas and opinions
- Welcoming all children and their families and carers and being inclusive
- Respecting cultural, religious and political differences and acting in a culturally sensitive way, particularly when interacting with children who are Aboriginal or otherwise culturally or linguistically diverse and those with a disability
- Modelling appropriate adult behaviour
- Listening to children and responding to them appropriately
- Reporting and acting on any breaches of this Code of Conduct, complaints or concerns appropriately and treat them seriously and with respect.
- Complying with our guidelines on physical contact with children
- Working with children in an open and transparent way – other adults should always know about the work you are doing with children
- Respecting the privacy of children and their families, and only disclosing information to people who have a need to know.

RDAV Staff and Volunteers MUST NOT:

- Seek to use children in any way to meet the needs of adults
- Ignore or disregard any concerns, suspicions or disclosures of child abuse
- Use prejudice, oppressive behaviour or language with children
- Engage in rough physical games
- Discriminate on the basis of age, gender, race, culture, vulnerability or sexuality
- Initiate unnecessary physical contact with children or do things of a personal nature that children can do for themselves, such as toileting or changing clothes
- Develop 'special' relationships with specific children or show favouritism through the provision of gifts or inappropriate attention
- Exchange personal contact details such as phone number, social networking site or email addresses with children
- Have unauthorised contact with children and young people online or by phone.

By observing these standards you acknowledge your responsibility to immediately report any breach of this code to RDAV, State Office Staff on (03) 9258 4730 or admin@rdav.asn.au.

**Riding for the Disabled Association of Victoria
2023 PARTICIPANT REGISTRATION FORM**



7. NEW PARTICIPANT ONLY - MEDICAL DETAILS

Do you have or have had any medical condition or disability (e.g. Physical, intellectual, psychiatric or behavioural) that may affect your efficiency as a participant, your safety and the safety of the public. (Please circle) Yes / No

If YES please have your medical practitioner complete the Medical Consent Form on pages 10 – 12 of this form.

RDAV may in its reasonable discretion require you to provide a Medical Consent Form completed by a medical practitioner even if you have declared you do not have/had any medical condition or disability.

8. RENEWING PARTICIPANT ONLY - MEDICAL INFORMATION

Have any medical conditions changed in the last 12 months? Yes / No

Has the client undergone any Medical Procedures (surgery etc) in the last 12 months? Yes / No

If YES please have your medical practitioner complete a review of the Medical Consent Form on pages 10 – 12

9. DISABILTY CATEGORY (Tick one box only)

- | | |
|--|--|
| A. Participant with intellectual disability <input type="checkbox"/> | G. Participant with Learning/Behavioural Difficulty <input type="checkbox"/> |
| B. Participant with Physical disability <input type="checkbox"/> | H. Participants with Psychiatric Condition <input type="checkbox"/> |
| C. Participant with Cerebral Palsy <input type="checkbox"/> | I. Participant with Multiple Disability <input type="checkbox"/> |
| D. Participant with Vision Impairment/Blindness <input type="checkbox"/> | J. Participant with Down Syndrome <input type="checkbox"/> |
| E. Participant with Hearing Impairment/Deafness <input type="checkbox"/> | K. Participant without disability <input type="checkbox"/> |
| F. Participant with Autism <input type="checkbox"/> | L. Other Disability <input type="checkbox"/> |

10. DECLARATION

I warrant that all information provided in this form is true and correct.

I have read, understood, acknowledge and agree to the above declaration including the warning, exclusion of liability, release and indemnity. I acknowledge that if my application for membership is successful, I will be entitled to all benefits, advantages, privileges and services of RDAA and RDAV memberships.

Signed: Date:

Where the applicant is under 18 years of age or cannot provide informed consent, this form must also be signed below by the applicant's parent or legal guardian.

I,..... am **the parent or guardian** of the applicant

named: I expressly agree to be responsible for the applicant's behaviour and agree to personally accept the conditions set out in this application and declaration including the provision by me of a release and indemnity in the terms set out above.

Parent's signature: Date:

(where applicant is under 18 yo or unable to legally sign)

Riding for the Disabled Association of Victoria 2023 PARTICIPANT REGISTRATION FORM



Information for Doctors about the RDA Medical Consent Form

Riding for the Disabled Association is a not-for-profit organisation providing a range of equestrian activities for people of all ages with a disability. RDA has a duty of care to all participants and as part of that duty each participant must complete a Medical Consent Form as part of the registration process. The form supplies the necessary information for RDA qualified coaches to prepare a safe, effective and progressive program based on the individual needs of the participant.

This form is to be completed by a Medical Practitioner who has knowledge of the participant and their disability. Parents/participants should advise the RDA coach if a person's medical condition changes in the future. This includes surgery or a change in their diagnosis.

Medical Consent Form is to be completed every three years UNLESS the Doctor specifies that the medical condition is stable and unlikely to deteriorate or change.

Contra-indications for Participation

The following medical conditions are identified as high risk for people involved in horse riding and horse related activities. RDA Australia is committed to providing the safest possible service to our participants and we are unable to do this for people with the following diagnosed conditions:

- Atlanto Axial Instability (unstable neck and/or spine)
- Haemophilia
- Any condition that causes a higher risk of fractures such as:
 - o Osteogenesis Imperfecta (OGI)
 - o Brittle Bones
 - o Severe Osteoporosis
 - o Any other pathological fractures
- Uncontrolled Tonic Clonic seizures
- Unstable spine with high risk of neurological damage or subluxation

If the participant has any of these conditions, please mark the form in Section B. No other responses are required in the form.

The following conditions MAY have implications for riding:

- Conditions where sitting astride a horse may cause pain or hip dislocation.
- Conditions where joints may not sustain repetitive movements.
- Severe allergies or asthma that may cause anaphylaxis reaction (dust, pollen or animal hair).
- Spinal fusion with internal fixations.

RDA coaches receive training in specific and general medical conditions, horse management, and how to cater for a participant's needs through adaptive coaching methods and use of modified equipment including hoists and mobility ramps. Many also have additional qualifications in special education, physiotherapy and other para-medical fields. They also rely on the doctor's opinion and disclosure of any medical conditions that should be considered for involvement with horse riding and/or horse related activities. Please complete the attached form to assist us with the safe preparation and delivery of an RDA program.



PARTICIPANT FORM

RIDING FOR THE DISABLED ASSOCIATION OF VICTORIA INC

2023 PARTICIPANT REGISTRATION FORM



*Form may be returned if compulsory questions are missed or insufficient information is completed.
This may delay the commencement of the participant in an RDA program.*

Managing Specific Conditions in the RDA Program

Atlanto Axial Instability (AAI) / Down Syndrome

AAI is the instability, subluxation or dislocation of the joint between the first and second cervical vertebrae. This is a potentially life-threatening condition common to Down Syndrome. Specific X-rays may be needed to rule out this instability before riding is permitted. Groups or physicians should not rely on X-rays taken before the age of 3 years (even up to 5 years) as the area involved has not ossified at this early age. Films obtained just prior to riding are advisable. RDA Australia recommends that all riders with Down Syndrome be examined by a physician who is briefed on the nature of AAI before completing the RDA Medical Consent Form.

Pre-cautions for participants with Down Syndrome

Excessive head and neck movement during riding could cause repeated small injuries to the cervical spine. This in turn could lead to increased instability of the head and neck and pressure symptoms could occur. If a rider were to fall from a horse, which can occur even though all precautions are taken, and AAI is present, severe damage to the spinal cord or death could occur. All riders with Down Syndrome are strongly recommended to have a full assessment before commencing riding. If riding is approved by a physician, parents/riders must report any neurological symptoms if they occur e.g. headaches, dizziness, nausea in motion, blurry eyes, loss of head control, loss of hand control, change of gait, bladder or bowel function and these should be investigated by your doctor before riding continues. RDA Coaches will monitor the amount of head movement and neck stability during riding and will adapt activities until muscles develop to appropriately support the head and neck.

Pre-cautions for participants with Scoliosis

Scoliosis is a lateral curvature of the spine with a rotatory component. An Orthopaedic Surgeon should provide information about the degree and location of the scoliosis. When the mobility of the spine is an issue, the physician needs to evaluate the spine to determine if there is enough functional mobility to ride a horse. If there is insufficient flexibility in the spine to accommodate the movement of the horse, the physician should indicate that RIDING IS NOT RECOMMENDED. If riding is approved by a physician, RDA Coaches will attempt to provide as centred, and balanced position on the horse as is possible to assist with the improvement of core strength and muscle development to support the spine.

Pre-cautions for participants with Epilepsy

RDA can cater programs for participants with Absence and/or Partial Seizures by providing additional support structures. Participants with a history of Tonic Clonic Seizures should have their condition controlled by medication before participating in RDA programs. In the unexpected event that a participant experiences a seizure during the RDA program, RDA coaches and volunteers are trained in emergency dismount procedures and seizure management. Participants should not participate in horse related activities if they have suffered a Tonic Clonic seizure within the past 24 hours.

This Information Sheet will also be made available on the RDA website www.rda.org.au.

Acknowledgements: The RDA Medical Consent Form is developed through the collaboration of the National Program Delivery Delegates which included expertise from RDA Level 2 Coaches, physiotherapists and occupational therapists. Dr. Brian Morrow and his wife Heather (WA) provided invaluable assistance to the preparation of the form, their medical and parental knowledge of disabilities and the information required by coaches has we feel lead to a user friendly form being developed that will provide centres will valuable information.

Dr. Brian Morrow
MB, BCh, Dip ICM, Ma Med Eth & Law, FCICM .
Parents of Maeve, autism, intellectual disability, epilepsy, hypermobility issues in some joints, poor tone in hands.

Heather Morrow
RGN, Dip Pharm, Dip Coronary Care Nursing (ret'd).

PARTICIPANT FORM

RIDING FOR THE DISABLED ASSOCIATION OF VICTORIA INC

2023 PARTICIPANT REGISTRATION FORM



Riding for the Disabled Association of Australia Ltd

MEDICAL PRACTITIONER CONSENT FORM

Section A – PERSONAL DETAILS (may be completed by doctor or the participant – all are required fields)

First name:	Surname:
Date of birth:	Gender:
Height:	Weight:

DOCTOR DETAILS

Doctor's Name:
Address:
Phone number:

Remainder of form to be completed and signed by Medical Practitioner

Section B – CONTRA INDICATIONS

Please see the Information for Doctors sheet. Does the participant have any of the identified contra-indications:

<input type="checkbox"/> Atlanto Axial Instability	<input type="checkbox"/> Haemophilia	<input type="checkbox"/> Uncontrolled Tonic Clonic Seizures
<input type="checkbox"/> Osteo Genesis Imperfecta (OGI)	<input type="checkbox"/> Brittle Bones	<input type="checkbox"/> Unstable spine with high risk of neurological damage or subluxation
<input type="checkbox"/> Severe Osteoporosis	<input type="checkbox"/> Any other pathological fractures	

If any box is ticked for any of the above conditions, activities with horses are not suitable. There is no need to complete any other section. Please progress to signature at the end of the document.

Section C – MEDICAL CONDITION and IMPLICATIONS

Full nature of medical diagnosis (please include secondary conditions e.g. diabetes):

Does the participant have any of the following? *Please circle your answers below.*

Impaired hearing	YES / NO	Impaired vision	YES / NO
Impaired speech	YES / NO	Fainting turns	YES / NO
Impaired balance	YES / NO	Respiratory conditions	YES / NO
Impaired Bladder / Bowel control	YES / NO	Inflammation or pain in joints	YES / NO
Heart Conditions	YES / NO	<i>Please comment on the participants likely response to exercise:</i>	
Drainage devices <i>device: (shunt, gastronomy, colostomy, feeding button etc)</i>	YES / NO	<i>Type of drainage</i>	
Changed muscle tone	YES / NO	<i>Please comment on which muscle groups are affected:</i>	
Impaired circulation/pressure sores	YES / NO	<i>If yes, we can assist with a sheepskin pad. Is this recommended? YES</i>	
Use of splints, braces (external), prostheses	YES / NO	<i>Type and limb(s) affected:</i>	
Scoliosis	YES / NO	<i>Please comment on the degree and location of the scoliosis:</i>	

PLEASE NOTE: The spine should have enough flexibility to accommodate the movement of the horse. If not, please mark in Section B.

PARTICIPANT FORM

RIDING FOR THE DISABLED ASSOCIATION OF VICTORIA INC

2023 PARTICIPANT REGISTRATION FORM



Section C – MEDICAL CONDITION and IMPLICATIONS ... continued	
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ASTHMA / ALLERGIES	YES / NO
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If yes, please provide a copy of the participant's Asthma/Allergy Management Plan *(if information is not provided the participant will only receive standard first aid)*. Attached.

Any other allergies? *(dust, pollen, bee sting, animal hair)*:

EPILEPSY	YES / NO
-----------------	-----------------

Please classify the seizures *(focal, generalized, absence etc)*:

Are seizures controlled?	YES / NO	If NO – Please mark in Section B Contra Indications.
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Are there precipitating factors?	YES / NO	Please describe:
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"Aura" warning sign present at onset?	YES / NO	Please describe:
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DOWN SYNDROME	YES / NO
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RDA Policy requires that riders with Down Syndrome have a Medical Practitioner, who is aware of the possibility of Atlanto Axial Instability in people with Down Syndrome, complete this form. Parents and Doctors should also read the Information accompanying the form (available at www.rda.org.au).

Medical Practitioner Declaration

Over and above the normal risks of such activities, it seems reasonable, in my opinion, for the above named person to take part as an active participant in RDA activities.	YES / NO
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Section D – SPINAL FUSION/ EXTERNAL BRACES.	
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Does the participant have a Spinal Fusion or External Spinal Braces	YES / NO
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This Section is to be completed by an Orthopaedic Specialist / Medical Practitioner

RDA Policy requires that riders with a Spinal Fusion (eg Harrington or CD Rods) and/or those wearing external spinal braces/orthotics must be examined by an Orthopaedic Specialist **prior** to the commencement of a riding program.

Medical Practitioner Declaration

Over and above the normal risks of such activities, it seems reasonable, in my opinion, for the above-named person to take part as an active participant in RDA activities	YES / NO
--	----------

NAME of ORTHOPAEDIC SPECIALIST:

SIGNATURE:

PHONE:	DATE:
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Please outline any other relevant medical condition or information which may affect the participant's response to exercise or any conditions or behaviour that may affect the participant's safety whilst participating in RDA programs.

.....

.....

.....

**RDA Victoria – RDA Peninsula
PARTICIPANT APPLICATION FORM – 2023**



*Form may be returned if compulsory questions are missed or insufficient information is completed.
This may delay the commencement of the participant in an RDA program.*

2023 PARTICIPANT REGISTRATION FEES (please tick)

NEW PARTICIPANT \$215.00

RENEWAL PARTICIPANT \$215.00

The fee is non-refundable and is not pro rata.

Please return **ORIGINAL** signed form with **ALL** sections completed and your Participant Registration fee by mail or e-mail to the following address:

**RDA Peninsula
PO Box 3, Mount Martha, Victoria 3934
rdavpeninsula@gmail.com**

Payment by credit card or cheque payable to:
Riding for the Disabled Association of Victoria Inc
ABN 20 130 814 132

INVOICE: If you require an invoice for payment, please contact the State Office on (03) 9258 4730 or info@rdav.asn.au

I REQUIRE A RECEIPT EMAILED TO _____

PAYMENT METHOD:

CHEQUE

CASH

CREDIT CARD

Credit Card Visa / MasterCard

Card holder's name: _____

Card number: _____/_____/_____/_____ Expiry date: _____/_____

Signature

Please note: Credit card details will be destroyed after payment is verified.