

EQUESTRIAN SPORTS RIDER PROFILE

It is obligatory to fill in all the sections of the form!

To be completed by the Instructor/Coach.

Delegation Name _____ **SO Region** _____

Family Name _____

First Name _____ Middle _____

Age _____ Gender _____ Height _____ Weight _____

Tack style: ENGLISH

Indicate the events (*maximum of 3*) by placing an "X" in the box(es) under the appropriate Level. Athletes participate in one level only.

EVENTS	CS	CI	BS	BI	A
Equitation Jumping	NO	NO	NO		
Dressage	NO		NO		
English Equitation					
English Working Trail					
Gymkhana – concepts of riding		NO		NO	NO
Figure of 8	NO	NO	NO		

Instructor/Coach Information

Name _____

Mailing address _____

Special Olympics certified: ☐ Y ☐ N

Telephone number _____
Daytime
Evening

Please include your area/country code and the best time to call.

Athlete Information

Please list any additional disabilities the Athlete may have other than intellectual disability.

Ambulatory Status (check all that apply)

Wheelchair: ☐ Dependent ☐ Electric ☐ Propels Self

Ambulatory: Needs assistance or supervision ☐

Independent with: ☐ Walker ☐ Canes ☐ Crutches

Tack/ Equipment Status (check appropriate)

FORM 7

Saddle: ☐ English ☐ Stock Seat ☐ Other _____

Other equipment:

☐ Seat Cover ☐ Handhold ☐ Neckstrap ☐ Adapted Reins ☐ Crop
☐ Dressage Whip ☐ Peacock Stirrups ☐ S-Shaped Stirrups
☐ Devonshire Boots ☐ Waistbelt

Other (please describe) _____

Instructors must bring SEI-ASTM or BHS approved safety stirrups and leathers, and any specially adapted tackle equipment which is required by the rider. Adaptive Equipment must be approved by the Venue Management. All athletes will use the ramp to minimize stress on the horses' backs.

Astride Assistance Status – for S (supported) levels

Place an "X" in the appropriate box.

Assistance Needed	WALK	TROT
HORSE HANDLER		
1 SIDEWALKER		
2 SIDEWALKERS		

HORSE REQUIREMENTS (underline appropriate)

This is very important part so please complete it very carefully with all the details. This information is basic for organizing committee and will help to provide proper horse for the athlete.

Does the athlete adapt easily to other horses? ☐ Y ☐ N

Size required _____ cm (hands)

Size of barrel: ☐ Narrow ☐ Normal ☐ Broad

Gaits which can be handled by the athletes:

Walk: ☐ Steady ☐ Free ☐ Moving

Trot: ☐ Very Smooth ☐ Free ☐ Moving

Canter: ☐ Steady ☐ Free ☐ Moving

Rein Contact: ☐ Light ☐ Heavy

Other: ☐ Neck Rein ☐ Direct Rein

Other information important to match the horse.

Athletes should be practicing on different mounts to prepare them for the World Games. During the Games mounting stairs will be used.

Career and Accomplishments History (*for announcer's purpose*)

Began riding _____

Has instruction: Daily _____ Weekly _____ Monthly _____

Describe the athlete's Special Olympics equestrian sports competition history.

Describe any open equestrian sports competition history.

Medical Status

Current Special Olympics medical form on file: ☐ Y ☐ N

Negative diagnosis for Atlanto-Axial Instability (*for Down syndrome*): ☐ Y ☐ N

Physician's Referral Form on file at training sponsor's office: ☐ Y ☐ N

List and describe any special health considerations/precautions.

Does the athlete have any:

☐ Fused joints? (*specify*)

☐ Severe joint limitations or contractures?

☐ Problems with seizures?

List the currently prescribed medications that the athlete is taking?

Please remember to submit this form with the Athlete Registration Form (one for each athlete).

I certify that I have read, understand and shall abide by the Official Special Olympics Summer Sports Rules (Equestrian Sports) and have entered myself/my athlete in the appropriate level according to this rider Profile and submitted with the Athlete Registration Form.

Signature (*required*) _____ Date _____