

STARS & STRIPES SPECTACULAR 2020

MEDICAL DIAGNOSIS FORM

PLEASE NOTE: Each participant in the Stars & Stripes Spectacular must be 8 years of age 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 ApHC prior to competing in the Stars & Stripes Spectacular.

Name _____

ApHC Membership # (if applicable) _____ Phone Number _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Email Address _____

ELIGIBLE CONDITIONS

From the list below, please indicate each condition which applies to the applicant. Other conditions will be considered upon request (please list in space provided).

- | | | |
|---------------------------------------------------|--------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Angelman Syndrome | <input type="checkbox"/> Dwarfism | <input type="checkbox"/> Post-Polio Syndrome |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Fetal Alcohol Syndrome | <input type="checkbox"/> Prader-Willi Syndrome |
| <input type="checkbox"/> Arthrogryposis | <input type="checkbox"/> Fragile X Syndrome | <input type="checkbox"/> Rett Syndrome |
| <input type="checkbox"/> Asperger's Syndrome | <input type="checkbox"/> Friedreich's Ataxia | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Autism Spectrum disorder | <input type="checkbox"/> Guillain-Barre Syndrome | <input type="checkbox"/> Sensory Motor Neuropathy |
| <input type="checkbox"/> Batten disease | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Spina bifida |
| <input type="checkbox"/> Cerebrovascular disease | <input type="checkbox"/> Hunter's Syndrome | <input type="checkbox"/> Spinal Cord injury |
| <input type="checkbox"/> Cerebella Ataxia | <input type="checkbox"/> Juvenile Rheumatoid arthritis | <input type="checkbox"/> Tourette's Syndrome |
| <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Mental retardation | <input type="checkbox"/> Traumatic brain injury |
| <input type="checkbox"/> Coffin-Lowry Syndrome | <input type="checkbox"/> Microcephaly | <input type="checkbox"/> Trisomy disorders |
| <input type="checkbox"/> Cystic Fibrosis | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Visual impairments |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Muscular Dystrophy | <input type="checkbox"/> Williams-Beuren Syndrome |

Other* _____

**Subject to ApHC and event management approval*

MEDICAL STATEMENT

This exhibitor has been diagnosed with above designated condition(s).

Name of Physician _____ Date _____

Signature of Physician _____ License _____

City and State/Province/County of Practice _____

Name of Participant's Parent/Guardian: _____

Signature of Participant or Parent/Guardian: _____

PLEASE NOTE: The Stars & Stripes Spectacular and the Appaloosa Horse do not assume responsibility for safety of participants. Each participant or their parent or guardian by allowing participation, assumes all risk of personal injury or property damage occurring as a result of participating in the show. A signed Release of Liability and Indemnity Agreement and a signed COVID-19 Release of Liability and Indemnity Agreement must accompany entry forms. Contact ApHC with questions – 208.882.5578 ext. 400.

Please return completed form to:

Fax: 208.882.8150

Appaloosa Horse Club Performance Department
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