



***Special
Olympics
Massachusetts***

**Equestrian Coaches Informational
Packet**

2018 Season

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Important Dates

Show Dates

- South Shore – Briggs Stable, September 30th
- North Shore – Windrush Farm, September 29th

Forms & Deadlines

- South Shore - Briggs
 - Barn Registration Form DUE - September 1st
 - Rider Profile- September 1st
 - Class A – September 1st
 - Athlete Application - September 1st
- North Shore - Windrush
 - Barn Registration Form DUE – September 1st
 - Rider Profile – September 1st
 - Class A – September 1st
 - Athlete Application – September 1st

All Forms are to be sent Special Olympics Massachusetts attention Business Operations Department. Mail: 512 Forest St, Marlborough, MA 01752, Email: ops@specialolympicsma.org or Fax: 508-481-0786

Letter to Parents

Programs should mail / email a letter to your parents by August (*sample included*). This will help your athlete's families plan for the upcoming SOMA Equestrian season and inform them of all the important dates: Registration and athlete application deadlines as well as Show Dates.

Special Olympics Massachusetts Coaches Education Requirements

In order to participate in a Special Olympics Massachusetts Show, Local Programs (*Barns*) must have a certified Head Coach. We encourage all coaches to become certified as it increases your knowledge of Special Olympics Massachusetts and gives you the resources to better provide a positive sports experience for our Special Olympic Athletes.

To be a certified Special Olympics Massachusetts Head Coach in the sport of equestrian, a coach must fulfill the following requirements:

- Have an up to date Volunteer Class A Application on File
 - Good for 3 years
- Have taken and be up to date on the Special Olympics Protective Behaviors test
 - Good for three years
 - Test is available online at http://resources.specialolympics.org/protective_behaviors_training.aspx
 - Test takes under 10 minutes to complete
- Have taken the Special Olympics Massachusetts Equestrian Class Marker test and received a 90% grade
 - This is good for 3 years
 - Test is available online at <http://www.specialolympicsma.org/resources/resources-for-coaches-local-programs/>
- Have a valid Riding Instructor with the State of Massachusetts and a PATH or a similar certification
- Have completed the Special Olympics Massachusetts General Orientation
 - This is a onetime only requirement
 - Available online at <http://specialolympicsma.org/go/>

Equestrian Rider Profile Page 1 of 2

Rider's Name _____

Riding Program _____

Age: _____

Height: _____ Weight: _____

Will be riding: English _____ Western _____

This rider:

Does this rider need an aid to mount? Please explain (*i.e. ramp etc*): _____

Needs to dismount to ramp: No _____ Yes _____

Tends to get unbalanced when _____

Tends to get vocal if _____

Tends to clutch with heels up: No _____ Yes _____

Does this rider need a horse Handler/side walker: No _____ Yes _____

Will your farm be providing your own Handler/side walker for this athlete: No ___ Yes ___

Please Circle all that apply:

No Posting Trot

No Sitting Trot

Hearing Impaired

Vision Impaired

Unable to get Heels Down

Are there any rider concerns that should be addressed in the horse selection (ambulatory issues etc.)?

Is there any special tack/equipment that this rider requires (*that is allowed by Special Olympics*)?

Please note: please refer to Page 19 of coach's informational packet for barn provisions

Equestrian Rider Profile
Page 2 of 2

- 1) Age of Rider: _____ 2) Rider's Hometown: _____
- 3) Years Riding: _____
- 4) How Long Has Rider Participated in Special Olympics: _____
- 5) Does Rider have a job? _____ 5a) If Yes, Where: _____
- 5b) If yes what is the Riders job: _____
- 6) Other sports Rider participates in: _____

- 7) Riders hobbies besides Riding Horses: _____

- 8) What does participating in the Special Olympics mean to the Rider? _____

- 9) Anything else about the Rider the crowd should know? _____

Athlete Application Form

Page 1 of 2

APPLICATION FOR PARTICIPATION (MEDICAL FORM)

BASIC INFORMATION			
<i>Check here if New Athlete</i> <input type="checkbox"/>	<i>Parents/Guardian - Keep a Copy of this</i>	<u>ALL SIGNATURES ARE REQUIRED</u>	
First Name _____	Last Name _____	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Race/Ethnicity (Optional) <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Other		Date of Birth _____ / _____ / _____	
Street Address or PO Box _____		Appt # _____	
City/Town _____		State _____	ZIP Code + 4 _____ - _____
Home Phone # or Cell # (circle one) _____ - _____ - _____		Email Address _____	
Parent/Guardian's Name _____		Home Phone # or Cell # (Circle one) _____ - _____	
Emergency Contact (if other than parent/guardian) _____		Emergency Contact Cell Phone # _____ - _____	

Last Name, First Name:

HEALTH HISTORY: TO BE COMPLETED BY PARENT/CAREGIVER			
Health Accident Insurance Company _____		Policy # _____	
Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/> Heart disease / heart defect / high blood pressure	<input type="checkbox"/>	<input type="checkbox"/> Allergy:	_____
<input type="checkbox"/> Chest pain	<input type="checkbox"/>	<input type="checkbox"/> General: _____	_____
<input type="checkbox"/> Seizures / epilepsy/ fainting spells	<input type="checkbox"/>	<input type="checkbox"/> Medicines: _____	_____
<input type="checkbox"/> Diabetes	<input type="checkbox"/>	<input type="checkbox"/> Food: _____	_____
<input type="checkbox"/> Concussion or serious head injury	<input type="checkbox"/>	<input type="checkbox"/> Insect stings/bites: _____	_____
<input type="checkbox"/> Major surgery or serious illness	<input type="checkbox"/>	<input type="checkbox"/> Special diet: _____	_____
<input type="checkbox"/> Heart stroke / embolism	<input type="checkbox"/>	<input type="checkbox"/> Asthma _____	_____
<input type="checkbox"/> Blindness / visual problem	<input type="checkbox"/>	<input type="checkbox"/> Emotional/psychiatric/behavioral/requires extra supervision	_____
<input type="checkbox"/> Contact lenses / glasses	<input type="checkbox"/>	<input type="checkbox"/> Description: _____	_____
<input type="checkbox"/> Hearing loss / hearing aid	<input type="checkbox"/>	Immunizations up to date _____	
<input type="checkbox"/> Bone or joint problem	<input type="checkbox"/>	Other: _____	
<input type="checkbox"/> Currently on Medication (If yes, please bring current list with you to each competition)	<input type="checkbox"/>	<input type="checkbox"/> Down syndrome (see below)	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Date of most recent tetanus immunization	____ / ____ / ____

Form Expiration Date: / /

PHYSICAL EXAMINATION: TO BE COMPLETED BY HEALTH CARE PROVIDER	
Primary ID Etiology/Category: (If known) _____	
I have reviewed the above health information and have performed the above examination on this athlete and certify that the athlete can participate in Special Olympics.	
RESTRICTIONS:	
EXAMINER'S SIGNATURE: _____	Exam Date _____ / _____ / _____
<i>(No office stamps accepted without provider's signature)</i>	
Examiner's Name _____	
Street Address or P.O. _____	
City/Town _____	State _____ ZIP _____ Phone # _____ - _____ - _____

ATLANTO-AXIAL INSTABILITY ASSESSMENT FOR ATHLETES WITH DOWN SYNDROME	
EXAMINER'S NOTE: SOMA requires persons with Down syndrome to have a full radiological examination establishing the absence of Atlanto-axial instability before he/she may participate in sports or events which, by their nature, may result in hyperextension, radical flexion or direct pressure on the neck or upper spine.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Has an x-ray evaluation for atlanto-axial instability been done? Date of x-ray: ____ / ____ / ____
<input type="checkbox"/>	<input type="checkbox"/> If yes, was it positive for atlanto-axial instability? (positive indicates that the atlanto-dens interval is 5mm or more)

Athlete Application Form Page 2 of 2

APPLICATION FOR PARTICIPATION (MEDICAL FORM)

ATHLETE RELEASE: TO BE COMPLETED BY ATHLETE OVER 18, OR PARENT/GUARDIAN OF MINOR ATHLETE		
For Athletes over 18 years old:		
I the athlete, named above, have read the Athlete Release Form (below) and fully understand the provisions of the release that I am signing. I understand that by signing this, I am saying that I agree to the provisions of the release.		
Signature of adult athlete (over 18):	Date:	
For Parent/Guardian of Athlete:		
I hereby certify that I have reviewed this release with the Athlete whose signature appears above. I am satisfied based on that review that the athlete understands the release and has agreed to its terms.		
Print Name:	Relationship to athlete:	Date:
For Parent/Guardian of Athlete under 18 years old		
I am the parent (guardian) of the Athlete named in this application. I have read and fully understand the provisions of the Athlete Release Form (below), and have explained these provisions to the Athlete. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the Athlete named above. I hereby give my permission for the Athlete named above to participate in Special Olympics games, recreation program, and physical activity programs.		
Signature of Parent/Guardian (for athlete under 18):	Date:	

ATHLETE RELEASE FORM

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Special Olympics activities. I also represent that a licensed medical professional has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence that would preclude me from participating in Special Olympics. I understand that if I have Down Syndrome, I cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability," available from the Special Olympics Program in my jurisdiction, or I have had a full radiological examination that establishes the absence of Atlanto-axial instability (see box on page 1). I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form, which establishes the absence of Atlanto-axial instability, I must have the radiological examination before I can participate in equestrian sports, gymnastics, pentathlon, butterfly stroke, diving starts in swimming, high jump, alpine skiing, and football (soccer).

Special Olympics has my permission forever to use my likeness, name, voice or words in either television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of publicizing, promoting or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities.

I understand that by signing below I consent to participate in the Special Olympics Healthy Athletes Program, which provides individual screening assessments of health status and health care needs in the areas of: vision; oral health; hearing; physical therapy; and a variety of health promotion areas (height, weight, sun protection, etc.). I understand that information gathered as part of the Healthy Athletes Program screening process may be used in group form (anonymously) to assess and communicate the overall health needs of athletes and to develop programs to address those needs. I understand there is no obligation for me to participate in the Healthy Athletes Program and that I may decide not to participate. Provision of these health services is not intended as a substitute for regular care. I also understand that I should seek my own independent medical advice and assistance irrespective of the provisions of these services and that Special Olympics is not through the provision of these provisions responsible for my health.

I acknowledge that Special Olympics events may involve overnight activities and that the housing arrangements for each event may differ. I understand that I should contact the Special Olympics Program in my jurisdiction if I have any questions about housing arrangements for a specific event or the housing policy in general.

If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment for any reason, I authorize Special Olympics to take whatever measures it deems necessary to protect my health and well-being, including, if necessary, hospitalization. **(IF YOU HAVE RELIGIOUS OBJECTIONS TO RECEIVING SUCH MEDICAL TREATMENT, PLEASE CROSS OUT THIS PARAGRAPH, INITIAL IT AND SIGN AND ATTACH THE SPECIAL PROVISIONS REGARDING MEDICAL TREATMENT FORM)**

A copy of this application must be with your coach at all trainings and Competitions, and filed sent to SOMA's Office:
512 Forest Street, Marlborough, MA 01752 | Fax: 508-481-0786 | Email: Ops@SpecialOlympicsMA.org

Class A Volunteer Application Page 1 of 5

Special Olympics MA New Class A Form Instruction Sheet

Before completing the following Class A form, please carefully read this section to address any questions

Q: On page four where it says "Subject Verification" – what is that and who needs to sign it?

A: This section is for either SOMA Staff, or any current Class A certified volunteer to verify your identity in person. Any Class A certified volunteer is a "SOMA CORI Authorized" representative and can sign off on this. **This can include any coach or local program coordinator who has a current Class A on file. Please note this field MUST be signed/dated in order for the class A to be valid.** Please contact Ops@SpecialOlympicsMA.org to connect you with a SOMA CORI Authorized representative if you are unsure who to go to.

Q: What do I do once my identity is verified and the Class A form is fully complete?

A: After your identity has been verified, mail your original form to Special Olympics MA at 512 Forest Street, Marlborough, MA 01752.

Q: Why has the SOMA Class A Form changed?

A: The new form meets both Special Olympics Incorporated volunteer screening policies, and mandatory Massachusetts state CORI (Criminal Offender Record Information) laws and regulations.

Q: I already have a valid Class A on file that expires in the future. Does this mean I have to fill this new Class A form out and submit it now?

A: No – any Class A that is currently on file and signed before 2016 will cover you until the expiration date. Anyone whose current form expires after January 1st, 2016 will then need to fill out the new class A form. If you are a current coach, you can check your Class A status in our [Coaches Online Database](#)

Q: Which fields do I need to fill out?

A: Any field marked with an asterisk, and any signature highlighted MUST be filled out.

Q: Do I need to fill in the driver's license area?

A: You only need to fill that out if you transport non-family athletes or operate any SOMA vehicles.

Q: I am not sure when I last took my protective behaviors – how can I check?

A: You can either check our [Coaches Online Database](#) if you are a coach, or ask the Business Operations Department at Ops@SpecialOlympicsMA.org.

Q: Can I use electronic signatures for any of the required signature field?

A: No – all signatures must be handwritten. The other sections of the form can be typed into – we have both fill in Word and PDF documents which can be downloaded on our [Forms](#) page.

Class A Volunteer Application Page 2 of 5



Special Olympics MA Class A Volunteer Form (For Those 18 Years or Older)

New Volunteer Existing Volunteer Renewing Class A

All fields with asterisks and all highlighted signature fields are REQUIRED

PART I - CONTACT INFORMATION			
*First Name:	Middle Initial:	*Last Name:	
*Date of Birth: <small>Click here to enter a date.</small>		*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
*Address:		Apartment #:	
*City/Town:	*State:	*Zip Code:	
*Home Phone:	Cell Phone:	Email:	
*Emergency Contact:		<input type="checkbox"/> Cell or <input type="checkbox"/> Home	
		*Emergency Contact Phone:	
<small>*Social security numbers are always kept confidential</small>			
Social Security Number (required for national background check and CORI): - -			

PART II – DRIVER’S LICENSE <i>(if applicable)</i>	
<small>Driver’s license numbers are required for those who transport non-family athletes or use of SOMA vehicles.</small>	
Driver License #:	State Issued:

PART III - VOLUNTEER TYPE		
<i>Please check off all that apply:</i>		
<input type="checkbox"/> Unified Partner	<input type="checkbox"/> Chaperone	<input type="checkbox"/> Coach
<input type="checkbox"/> GMT Member	<input type="checkbox"/> Medical	<input type="checkbox"/> Staff/Intern
<input type="checkbox"/> Local Program Coordinator	<input type="checkbox"/> Driver	<input type="checkbox"/> LETR
Local Program Name (if known): _____		

PART IV - PROTECTIVE BEHAVIORS	
Protective Behaviors must be completed every 3 years at www.specialolympics.org/protectivebehaviors	
Have you completed Protective Behaviors? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date completed: _____	

PART V - REFERENCES			
Please list two non-family member references below (Please list complete address)			
*Name:		*Name:	
*Address:		*Address:	
*State:	*Zip:	*State:	*Zip:
*Phone:		*Phone:	

Class A Volunteer Application Page 3 of 5

PART VI - BACKGROUND INFORMATION

Please answer the questions below. If you answer "Yes" to any, please attach a written explanation.

1. Do you use illegal drugs? Yes No
2. Have you ever been convicted of a criminal offense? Yes No
3. Have you ever been criminally charged with neglect, abuse or assault? Yes No
4. Has your driver's license ever been suspended or revoked? Yes No

Background verification, inclusive of a Criminal Offender Record Information (CORI) check, will be performed by Special Olympics Massachusetts in accordance with federal, state and local law. Special Olympics Massachusetts will inform you of the results and give you an opportunity to respond. Special Olympics Massachusetts reserves the right to re-evaluate your candidacy in light of the seriousness of the offense and the amount of time since it occurred and may choose to not permit you to serve as a volunteer based upon this evaluation.

PART VII - ACKNOWLEDGEMENT & SIGNATURE

I understand and agree to the following:

- The information that I have provided may be verified, and I give permission to SOMA to make inquiry of others concerning my application to act as a SOMA volunteer, and I fully release SOMA from any liability resulting from the verification process;
- I understand that SOMA specifically has my permission (both during participation and anytime thereafter) to use my likeness, name, voice, and words in television, radio, film, newspaper, magazines, and any other media, and in any form, to promote activities of Special Olympics Massachusetts;
- I understand that if a medical emergency should arise during my participation in any SOMA activity and I am not able to give my consent for treatment for any reason, that SOMA is authorized to take whatever measures are necessary to protect my health and well-being, including hospitalization;
- I understand that SOMA reserves the right, in its sole judgment, to deny an applicant who it determines poses a potential threat to the safety or integrity of themselves or others.

I affirm that I have read the above and that the information I have given is true, complete, and correct. I understand that omitting requested information or reporting information that is false may result in my immediate disqualification from participating in Special Olympics Massachusetts.

***Applicant Signature** _____ ***Signature Date:** _____
(must be handwritten):

This form will expire three (3) years from date of signature.

Please check that you have completed the following:

- Volunteer Application (All Applicable Sections)
- Signed All Applicable Sections
- General Orientation (<http://specialolympicsma.org/go/>)
- Online Protective Behaviors (www.specialolympics.org/protectivebehaviors)

Class A Volunteer Application Page 4 of 5

Criminal Offender Record Information (CORI) Acknowledgement Form

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR EMPLOYMENT, VOLUNTEER,
SUBCONTRACTOR, LICENSING, AND HOUSING PURPOSES.

Special Olympics of Massachusetts, Inc. ("SOMA") is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information Services (DCJIS). I hereby acknowledge and provide permission to SOMA to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing SOMA with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY: SOMA may conduct subsequent CORI checks within one year of the date this form was signed by me, provided, however, that SOMA must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

SIGNATURE
(must be handwritten)

DATE

THIS FORM MUST BE RETURNED IN PERSON TO A SOMA CORI AUTHORIZED REPRESENTATIVE.

Class A Volunteer Application Page 5 of 5

SUBJECT INFORMATION

The fields marked with an asterisk (*) are required fields.

Check here if information is the same as on Page 1

*First Name: <input style="width: 90%;" type="text"/>		Middle Initial: <input style="width: 80%;" type="text"/>	
*Last Name: <input style="width: 90%;" type="text"/>		Suffix (Jr., Sr., etc.): <input style="width: 80%;" type="text"/>	
Former Last Name(s) or other Alias(es) (if applicable):			
*Date of Birth: <input style="width: 80%;" type="text"/>		Place of Birth: <input style="width: 80%;" type="text"/>	
<small>Social security numbers are always kept confidential.</small>			
* Last SIX digits of Social Security Number: <input style="width: 20%;" type="text"/> - <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input style="width: 20%;" type="text"/> <input type="checkbox"/> No Social Security Number			
Sex: <input style="width: 40%;" type="text"/>	Height: <input style="width: 20%;" type="text"/> feet	<input style="width: 20%;" type="text"/> inches	Eye Color: <input style="width: 40%;" type="text"/>
Race: <input style="width: 80%;" type="text"/>			
Driver's License of ID Number: <input style="width: 80%;" type="text"/>		State of Issue: <input style="width: 40%;" type="text"/>	
Father's Full Name: <input style="width: 98%;" type="text"/>			
Mother's Full Name: <input style="width: 98%;" type="text"/>			
*Current Street Address: <input style="width: 98%;" type="text"/>			
Apt. # or Suite: <input style="width: 20%;" type="text"/>	*City: <input style="width: 30%;" type="text"/>	*State: <input style="width: 20%;" type="text"/>	*Zip: <input style="width: 30%;" type="text"/>

SUBJECT VERIFICATION

The above information was verified by reviewing the following form(s) of government-issued identification:

*Verified by:
 Print Name of Verifying SOMA CORI Authorized Representative

Signature of Verifying SOMA CORI Authorized Representative
(must be handwritten)

*Date:

Submit Original to:
 Special Olympics Massachusetts
 ATTN: Business Ops
 512 Forest Street
 Marlborough, MA 01752

2017 Registered Athletes & Coaches with Application Expiration Dates

Highlighted RED– Expired or to expire in 2018

2017 Show	Name	Farm	Role	Expiration
Windrush	Carmel, Nancy	Andimar Stables	Athlete	8/25/2018
Windrush	Halloran, Martha	Andimar Stables	Athlete	3/5/2020
Windrush	Hollis, John	Andimar Stables	Athlete	9/6/2020
Windrush	McDaniel, Margaret	Andimar Stables	Coach	6/13/2019
Windrush	Steeves, Rachel	Andimar Stables	Athlete	8/26/2018
Windrush	Vasconcellos, Debra	Andimar Stables	Athlete	8/9/2017
Briggs	Branca, Heidi	Briggs Stable	Coach	8/21/2018
Briggs	Cully, Grace	Briggs Stable	Athlete	5/17/2020
Briggs	Daly, Conor	Briggs Stable	Athlete	8/10/2020
Briggs	Diaz, Nicholas	Briggs Stable	Athlete	1/9/2021
Briggs	Doggett, Irene	Briggs Stable	Athlete	6/22/2019
Briggs	Dougherty, John	Briggs Stable	Coach	8/31/2019
Briggs	Duyette, Neil	Briggs Stable	Athlete	9/18/2020
Briggs	Goviatis, Zoe	Briggs Stable	Athlete	7/28/2018
Briggs	Howland, Robert "bobby"	Briggs Stable	Athlete	9/18/2019
Briggs	Lowe, Stephanie	Briggs Stable	Athlete	9/26/2019
Briggs	Mullally, Bridget	Briggs Stable	Athlete	8/18/2018
Briggs	Nagobads, Ryan	Briggs Stable	Athlete	12/3/2016
Briggs	O'Loughlin, Brendan	Briggs Stable	Athlete	9/21/2020
Briggs	O'Neal, Michael	Briggs Stable	Athlete	1/3/2020
Briggs	Perdios, Kyle	Briggs Stable	Athlete	7/5/2018
Briggs	Rappaport, Sydney	Briggs Stable	Athlete	5/28/2018
Briggs	Reay, Rahlo	Briggs Stable	Athlete	10/22/2018
Briggs	Riccio, Melissa	Briggs Stable	Coach	9/15/2019
Briggs	Roche, Gregory	Briggs Stable	Athlete	6/7/2020
Briggs	Sera, David	Briggs Stable	Athlete	2/21/2019
Briggs	Shea, John "Jack"	Briggs Stable	Athlete	6/15/2020
Briggs	Straughn, Edward	Briggs Stable	Athlete	5/26/2018

2017 Registered Athletes & Coaches with Application Expiration Dates

Highlighted RED– Expired or to expire in 2018

2017 Show	Name	Farm	Role	Expiration
Windrush	Adamian, Eleanor	Friends for Tomorrow	Athlete	9/15/2018
Windrush	Brown, Kristen	Friends for Tomorrow	Athlete	3/26/2020
Windrush	Cornish, Lucy	Friends for Tomorrow	Coach	8/8/2019
Windrush	Davis, Lynelle	Friends for Tomorrow	Athlete	5/7/2020
Windrush	Farahmand, Nava	Friends for Tomorrow	Athlete	4/2/2020
Windrush	Goodwillie, Amadi	Friends for Tomorrow	Athlete	3/22/2019
Windrush	Katz, Noam	Friends for Tomorrow	Athlete	3/22/2019
Windrush	Lewis, Connor	Friends for Tomorrow	Athlete	9/19/2020
Windrush	Moran, Kayla	Friends for Tomorrow	Athlete	8/28/2019
Windrush	Ottaway, Annika	Friends for Tomorrow	Athlete	9/7/2018
Windrush	Pogrebnyak, Michael	Friends for Tomorrow	Athlete	4/10/2020
Windrush	Richardson, Alexandra D	Friends for Tomorrow	Coach	7/1/2019
Windrush	Siegal, Levi	Friends for Tomorrow	Athlete	3/26/2020
Windrush	Tausig, Phoebe	Friends for Tomorrow	Athlete	3/1/2020
Briggs	Coolidge, Lori	Independent	Athlete	9/2/2018
Briggs	Levesque, Danielle	Lovelane	Athlete	4/28/2019
Briggs	Schaffer, Sally	Lovelane	Coach	
Briggs	Craig, Ian	Seahorse Farms	Athlete	6/3/2020
Briggs	Craig, Julianna	Seahorse Farms	Coach	9/2/2019
Briggs	Deloid, Renee	Seahorse Farms	Athlete	9/8/2019
Briggs	Dempsey, Susan	Seahorse Farms	Athlete	6/7/2019
Briggs	Goss, Brendan	Seahorse Farms	Athlete	8/16/2020
Briggs	Mendoza, Alexandra	Seahorse Farms	Athlete	9/8/2019
Briggs	Raposa, Andrea	Seahorse Farms	Athlete	9/25/2019
Briggs	Shield, Ruby	Seahorse Farms	Athlete	9/19/2020
Windrush	O'Callaghan, Samantha	Strongwater Farm	Athlete	1/19/2019

2017 Registered Athletes & Coaches with Application Expiration Dates

Highlighted RED– Expired or to expire in 2018

2017 Show	Name	Farm	Role	Expiration
Windrush	Blanton, Kathleen	Windrush Farms	Athlete	8/23/2020
Windrush	Bodwell, Timothy	Windrush Farms	Athlete	2/10/2019
Windrush	Haley, Elizabeth	Windrush Farms	Athlete	9/5/2019
Windrush	Hogan, Amanda	Windrush Farms	Coach	8/30/2020
Windrush	Howland, Jared	Windrush Farms	Athlete	8/20/2020
Windrush	Pagliuca, Rosemary	Windrush Farms	Athlete	4/7/2019
Windrush	Parsons, Rhonda	Windrush Farms	Athlete	10/11/2020
Windrush	Rose, Megan	Windrush Farms	Athlete	2/25/2018
Windrush	Rounds, Joshua	Windrush Farms	Athlete	9/7/2020
Windrush	Stanbrough, Ethan	Windrush Farms	Athlete	9/6/2020
Windrush	Vasquez, Angel	Windrush Farms	Athlete	10/11/2020
Windrush	Wright, Jennifer	Windrush Farms	Coach	9/16/2020

Equestrian Divisioning

1. Riders are assigned to a division according to their ability to safely negotiate any movements required in the class. This ability is indicated by a Rider Profile, which is completed by the Special Olympics coach prior to the competition and submitted with the athlete's registration form.
 - a. Rider Profiles must indicate the following information
 - i. Physical inability to post the trot
 - ii. Physical inability to sit the jog or trot
 - iii. Physical inability to wear boots with a heel
 - iv. The following tack requirements must be adhered to for athletes unable to wear boots with a heel
 1. Western tack style riders must have tapaderos or other safety stirrups
 2. English tack style riders must use Peacock Safety stirrups, S-Shaped irons or Devonshire boots
2. Riders May enter any or all classes from their division but may not cross enter division levels
3. It should be noted that all athletes compete according to ability and age. Equestrian athletes are not separated by male –female. If there are less than three athletes in an age group, groups may be combined to make a competition but levels may not be combined
4. Definitions
 - a. **A Level** - Walk, Trot/Jog, Canter/Lope – Independent Only. Rider is expected to compete with no modifications to NGB rules
 - i. A Can perform any class requirements
 - ii. AP Riders that have a physical disability prohibiting them from posting or sitting the trot/jog
 - b. **B Level** – Walk and Trot/Job
 - i. B-I Independent, can perform any class requirements
 - ii. B-IP Riders that have a physical disability prohibiting them from posting or sitting the trot/jog
 - iii. B-S Supported, can physically perform any class requirements
 - iv. B-SP Supported riders that have a physical disability prohibiting them from posting or sitting the trot/jog
 - c. **C Level** – Walk Only
 - i. C-I Independent
 - ii. C-S Supported

Event Codes

- EQENFL Equitation on the Flat
- EQSTOCK Equitation Stock Seat (*western*)
- EQWKTR Working Trail

Arm Band Codes

- Green No Posting Trot
- Yellow No Sitting Trot
- Red Hearing Impaired
- White Vision Impaired
- Blue Unable to get heels down

Show Assignments

Special Olympics Massachusetts will be hosting four (4) Equestrian shows throughout the Commonwealth. Each farm will be assigned a primary show location. This is where you will be competing. Room permitting, your riders may apply to ride in any of the other shows listed below.

Show dates:

- South Shore – Briggs Stable, September 30th
- North Shore – Windrush Farm, September 29th

Farm	Primary Show Location
Andimar Stable	Windrush Farm
Friends 4 Tomorrow	Windrush Farm
Windrush Farm	Windrush Farm
Strongwater Farm	Windrush Farm
Briggs Stable	Briggs Stable
Seahorse Farms	Briggs Stable
Pleasant Meadow	Briggs Stable
Pappas Rehab Hospital	Briggs Stable
AOK Farms	Briggs Stable
RWF Riders	Briggs Stable

Show Day Format

- 1) Arrive on Time
- 2) Coaches must have copies of athlete application forms on them at all times
- 3) Athletes must be outfitted in proper attire
 - a. English – White shirt or tank top / riding pants, blazer
 - b. Western -
- 4) Registration
 - a. Check your athlete in
 - b. Pick up
 - i. Coaches packet
 - ii. Class List
 - iii. Trail Course
 - iv. Lunch ticket
 - v. Any other important day of info
 - c. Register athlete's
 - i. Pick up bib #
 - ii. Arm bands
 - iii. Lunch ticket
 - iv. Any other important day of info
- 5) Locate team leaders for athletes
- 6) Know time of your athletes ride
- 7) Be at mounting area to with your athletes team leader
- 8) Coach should be at mounting area with athlete to:
 - a. Assist with mounting
 - b. Reassure athlete
 - c. NOTE: cannot go into the ring with athlete
- 9) Coach should meet athlete after class
 - a. At dismounting area and assist if needed
 - b. Assign someone to escort athlete back to parents and team

Sample Letter to Parents

Dear Parent,

The Special Olympics Massachusetts (SOMA) Equestrian season is upon us and all of our riders are working hard to get ready for this year's Equestrian shows. SOMA will be hosting four (4) Equestrian shows across the Commonwealth of Massachusetts. Each participating program will be assigned a primary show location and date (*checked below*). This is the venue in which your son or daughter will be competing at. However, *if room allows at other venues*, athletes may compete a secondary shows. This will allow your son or daughter the opportunity to ride in as many as two Special Olympic Equestrian Shows. Please discuss with your son/daughter's coach about the opportunity to ride at multiple shows if you would like that opportunity.

2018 Shows

___ Brigg Stable, September 30th
___ Windrush Farm, September 29th

Some of our athletes will need a new athlete application form filled out by a parent/guardian and signed by a physician. The athlete application form is good for three years from the athlete's physical. A list of athletes that participated in 2015 was passed out to all participating farms in July. The list contains the dates in which all the athlete applications have expired. Please check with your coach to see if your athlete needs an updated athlete application form and the deadline that a form must be submitted to SOMA in order to participate in this year's show.

Athletes attire for both shows should be breeches, slacks or stretch pants (**NO JEANS, unless your athlete competes in a western division**); sport coat, blazer or riding jacket; shoes or boots with heel light solid color shirt with conservative neck tie, riding shirt / white turtleneck or if it's warm – a collared knit polo. If the weather is cold or inclement, have warm clothing or rain gear on hand, including mittens or gloves.

We are all looking forward to another show season for your athletes.

Sincerely

Special Olympics Massachusetts

Barn Provisions

All Farms will provide the following

- Windrush Farm will provide all saddles (*English and Western*) for the Special Olympics State show. This is to insure that each horse is wearing a saddle that fits the horse appropriately and is balanced for the riders.
- If a rider requires any special tack/equipment please make note of it on the Rider profile so the farm can make sure it is available and ready to before the athlete enters the mounting area.

Weight Limits per Farm:

- Briggs Stable - TBD
- Windrush Farm – 185 lbs.

Max # of Riders per show

- Briggs Stable -TBD
- Windrush Farm – 50 Riders

Judges Criteria

JUDGING THE CLASSES

1. The following points (where appropriate) have equal consideration in judging all classes.
 - a. Rider's balance
 - b. Rider's seat
 - c. Use of aids
 - d. Ability to follow directions
 - e. Ring etiquette and **safety**
 - f. Sportsmanlike conduct
 - g. Results as shown by the performance of the horse are not to be considered more important than the method used in obtaining them.

2. Rider's Position – **English Tack Style**
 - a. Rider should have a workmanlike appearance, seat and hands light and supple, conveying the impression of control should any emergency arise.
 - b. **Basic position:** The eyes should be up and the shoulders back. Upper body straight but not stiff or hollow backed. Toes should be at angle best suited to the rider's confirmation. Ankles flexed in, heels down as much as possible given the disability of the rider. Calf and leg should be in contact with the horse and slightly behind girth. Stirrup should be on the ball of the foot and must not be tied to the girth.
 - c. **The hands** should be lightly apart over and in front of the horse's withers, with the knuckles thirty (30) degrees inside the vertical and making a straight line from the horse's mouth to the rider's elbow. Method of holding reins is optional and bight of reins may fall on either side. However, all reins must be picked up at the same time.
 - d. **Position in Motion:** At the walk, sitting trot, and canter, body should be a couple of degrees in front of or on the vertical; during the posting trot, inclined forward or on the vertical; galloping and jumping, same inclination should be present as the posting trot.

JUDGES CRITERIA cont'd

3. Rider's Position – **Western Tack Style**
 - a. Riders will be judged on seat, hands, performance of horse, appointments of horse and rider, and suitability of horse to rider.
 - b. **Basic position:** Body should appear comfortable, relaxed, and flexible. The rider should sit in the center of the saddle with legs hanging to form a straight vertical line, from the ear, dropping down through the center of the shoulder and hip, touching the back of the heel. The stirrup should be just short enough to allow the heels to be lower than the toes with a slight bend in knee and toe directly under knee. Feet should be placed in the stirrup with the weight on the ball of the foot. Consideration should be given to the width of the stirrups, which vary on Western saddles. If stirrups are wide, the foot may have the appearance of being "home," when in reality, the weight is being carried properly on the ball of the foot. Arms are held in a relaxed, easy manner, shoulders back and down and upper arm in a straight line with the body, the one holding reins bent at the elbow forming a straight line from elbow to horse's mouth.
 - c. **Hands:** Only one hand is to be used for reining and hands shall not be changed. Hand to be around reins. Rein hand is to be above horn and as near to it as possible. Bracing against horn or coiled reata is penalized. When split reins are used and ends of rein fall on same side as reining hand, one finger between reins is permitted. No finger between reins is allowed when using romal, or when ends of split reins are held in hand not used for reining. The position of the hand not being used for reining is optional, but it should be kept free of the horse and equipment and held in a relaxed manner straight with the rider's body at all times. Rider can hold romal or end of split reins to keep from swinging and to adjust the position of reins, provided is held at least 41 cm (1' 4¼") from the reining hand.
 - d. **Position in motion:** Rider should sit to jog and not post (unless otherwise specified in division rules). At the lope, he should be close to the saddle. All movements of the horse should be governed by the use of imperceptible aids and shifting of the rider's weight is not desirable.
4. Unauthorized assistance from the horse handlers and side walkers will result in penalties.
 - a. Side walkers may not give verbal commands or extra physical prompting except in the case of an emergency.
 - b. Special consideration will be given to riders with visual or auditory impairments or severe physical disability.
 - c. Coaches may not act as horse handlers, side walkers, or spotters for their own athletes any time while being judged.

JUDGES CRITERIA cont'd

English Equitation Class Routine

1. Competitors shall enter ring at a called for gait.
2. They must be worked both ways of the ring. They must always be on the correct diagonal if appropriate.
3. Entries then line up and back their horses on command.
4. Any or all riders may be required to execute any **appropriate** tests included in the class requirements. All tests used must be on the flat. Tests may be performed either collectively or individually, but no other tests may be used. Instructions must be publicly announced.
5. Tests from which the judges may choose in English Equitation include:
 - a. Halt (4 to 6 seconds).
 - b. Figure eight at trot, demonstrating change of diagonals. (Exception: no trot figure eights in any "on-lead" class.)
 - c. Figure eight at canter on correct lead, demonstrating simple, interrupted or flying change of lead.
 - d. Work collectively at walk, trot, or canter.
 - e. Hand gallop to a halt (4 to 6 seconds).
 - f. Execute serpentine at a trot demonstrating change of diagonal.
 - g. Change leads on a line demonstrating a simple, interrupted or flying change of lead.
 - h. Perform circles at any gait appropriate for the division.
 - i. Turn on forehand and/or haunches.
 - j. Reverse direction at the halt, walk, trot, and/or canter.

Stock Seat (Western) Equitation Class Routine

1. Competitors shall enter ring at a walk or a jog and are judged at a flat-footed four beat walk, two beat jog, and a three beat lope in accordance with the division specifications.
2. They must always be on the correct lead in lope.
3. Entries then line up and back their horses on command.
4. Any or all riders may be required to execute any **appropriate** tests included in the class requirements. Tests may be performed either collectively or individually, but no other tests may be used. Instructions must be publicly announced.
5. Tests from which the judges may choose for Stock Seat (Western) Equitation:
 - a. Large circle at walk, jog.
 - b. Perform a halt.
 - c. Reverse directions from a halt, walk, or jog or lope.
 - d. Lope stop.
 - e. Demonstrate a sliding stop.
 - f. Roll back OR haunch turns OR spins.
 - g. Figure eight at jog. (Exception: No figure eights at jog in "on lead" classes.)
 - h. Figure eight at a lope on correct lead demonstrating simple, interrupted, or flying change of lead.
 - i. Change of leads down center of ring demonstrating at least three changes of lead.

Judges are encouraged to call for at least two tests to be performed. Riders will not be asked to change horses.

GUIDELINES FOR ENGLISH EQUITATION

	Good	Minor Faults	Major Faults	Elimination
Seat	Keeping center of balance. Complete contact with saddle. Straight back.	Sitting off center. Sway back. Round back. Losing center of balance.	Excessive body motion. Popping out of saddle.	Falling out of saddle. At judge's discretion.
Hands	Quiet, light hands. Maintaining consistent head position.	Unsteadiness. Restrictions causing untrue gaits.	Horse's mouth gapping. Heavy hands. Constant bumping.	Touching saddle. Touching horse.
Legs	Secure leg position. Proper weight in stirrups. Controlling motion. Weight evenly on ball of foot. Heels lower than toes.	Uneven stirrups. Excessive motion in legs. Insufficient weight in stirrups.	Interfering with another rider. Excessive spurring. Loss of contact between legs and saddle and foot and stirrup. Coming in contact with fence or other riders. Loss of stirrup.	
Control	Maintaining horse in good form at consistent gaits. Ability to maintain horse under adverse conditions.	Breaking from walk to trot. Breaking from trot to canter. No standing in line-up.	Breaking from trot to walk. Breaking from canter to trot. Allowing horse to back crooked. Missing leads.	Failure to back. Failure to correct leads.
Overall Appearance	Suitable, well-fitted outfit. Well-groomed horse. Clean equipment.	Saddle not suitable to rider's size. Unfitted outfit. Dirty boots.	Unclean equipment. Ungroomed horse. Untrimmed horse.	See Rules.
General	Good attitude towards horse and judge. Consistency of rider's form.	Equipment not fitting horse. Failure to use corners and rail. Suitability of horse and rider.	Excessive voice commands. Excessive circling. Major delays in transitions.	Falling off. Failure to pass individual test. Schooling horse. At judge's discretion.

GUIDELINES FOR STOCK SEAT (WESTERN) EQUITATION

	Good	Minor Faults	Major Faults	Elimination
Seat	Keeping center of balance. Complete contact with saddle. Straight back.	Sitting off center. Sway back. Round back. Losing center of balance.	Excessive body motion. Popping out of saddle.	Falling out of saddle. At judge's discretion.
Hands	Quiet, light hands. Maintaining consistent head position.	Unsteadiness. Restrictions causing untrue gaits.	Horse's mouth gapping. Heavy hands. Constant bumping.	Touching saddle. Touching horse. Two handling reins. Finger between romal reins. Less than 16" of rein slack between hands.
Legs	Secure leg position. Proper weight in stirrups. Controlling motion.	Uneven stirrups. Excessive motion in legs. Insufficient weight in stirrups.	Interfering with another rider. Excessive spurring. Loss of contact between legs and saddle; foot and stirrup. Coming in contact with fence or other riders. Loss of stirrup.	Touching in front of cinch.
Control	Maintaining horse in good form at consistent gaits. Ability to maintain horse under adverse conditions.	Breaking from walk to jog. Breaking from jog to lope. No standing in line-up.	Breaking from jog to walk. Breaking from lope to jog. Allowing horse to back crooked. Missing leads.	Failure to back. Failure to correct leads.
Overall Appearance	Suitable, well-fitted outfit. Well-groomed horse. Clean equipment.	Saddle not suitable to rider's size. Unfitted outfit. Dirty boots.	Unclean equipment. Ungroomed horse. Untrimmed horse.	See Rules
General	Good attitude towards horse and judge. Consistency of rider's form.	Equipment not fitting horse. Failure to use corners and rail. Suitability of horse and rider.	Excessive voice commands. Excessive circling. Major delays in transitions.	Falling off. Failure to pass individual test. Schooling horse. Romaling horse. Off pattern. At judge's discretion.

JUDGES CRITERIA FOR WORKING TRAIL

GENERAL: Management is encouraged to design courses that can be negotiated in 90 seconds.

1. The course is to be designed to require each horse to show all gaits appropriate to Division Level as a part of its work and will be scored as a maneuver.
2. Course designers should keep in mind that all courses and obstacles are to be constructed with safety in mind to eliminate any accidents. Enough space must be provided for the horse to jog/trot at least 10 meters (30') and lope/canter at least 15 meters (50') for the judge to evaluate these gaits in the appropriate divisions.
3. Outdoor facilities may and are encouraged to include natural obstacles (i.e., trees, creeks, brush, hills, ditches) as long as they may be maneuvered safely and designed within easy access of the judge.
4. Judges must walk the course and have the right/duty to alter the course in any manner or remove/change any obstacle deemed unsafe or non-negotiable.
5. Safety of the gaits between obstacles shall be at the discretion of the judge.
6. The winner will be the rider incurring the fewest penalty points who also executes the course in the most competent manner.

ENTRY WILL BE EVALUATED ON:

1. Responsiveness
2. Willingness
3. General Attitude
4. Rider's ability to guide the horse through a designated obstacle course.
5. While the horse is in motion, the rider's hands shall be clear of the horse to avoid cueing.
6. Western riders may use only one hand on the reins except that it is permissible to change hands when working an obstacle.

OFF COURSE IS DEFINED AS:

1. Taking an obstacle in the wrong direction or from the wrong side;
2. Taking an obstacle in a manner other than described in the pattern;
3. Skipping an obstacle unless directed by the judge;
4. Negotiating obstacles in the wrong sequence;
5. Failure of rider to attempt obstacle per judge's instructions;
6. The above constitutes no score for those obstacles, but not necessarily elimination from the class. Those riders having the above errors place below all other entries following the prescribed courses.

JUDGES CRITERIA FOR WORKING TRAIL cont'd

OBSTACLES:

1. Judges are encouraged to advance on to the next obstacle any horse taking excessive time at an obstacle.
2. Horses to be penalized for any unnecessary delay when approaching an obstacle.

REQUIRED OBSTACLES PER DIVISION:

1. **Riders in Division A and A-P:**
 - a. The course will include three (3) elements from the mandatory list and at least three (3) from the optional list.
 - b. The course will be a minimum of six (6) elements and a maximum of 10.
2. **Riders from C-I, B-I, and IP Divisions:**
 - a. The course will include three (3) elements from the mandatory list and at least two (2) from the optional list.
 - b. The course will be a minimum of five (5) elements and a maximum of seven.
 - i. *If a gate is used in this division, the rider will be asked to open the gate only and pass through but not close it.*
3. **Riders from the C-S, B-S, and SP Divisions:**
 - a. The course will include two (2) elements from the mandatory list and two (2) from the optional list.
 - b. The course should be a minimum of four (4) elements and a maximum of six.
 - i. *If a gate is used in this division, for the safety of the side walkers, the rider will be asked to pass through an open gate only, not open/close the gate.*

GUIDELINES FOR WORKING TRAIL

	Good	Minor Faults	Major Faults	Elimination
Walk Jog/Trot Lope/Canter (on the course)	See Equitation chart			
Control Obstacles Gates Back thrus Side passes Turns on fore- hand & quarters Serpentines	Smooth. Good position. Responsive.	Slight touches. Slant side passes. Wide positions. Slow response. Poor head position/	Knock down of elevated elements. Stepping out of confining elements Losing gala. Fussiness and extreme tension. Refusals.	Off course – NO SCORE Cueing horse in front.
Agility Obstacles Jumps Walk overs Trot/Jog Canter/Lope Cavaletti Bridge	Attentive. Careful. Willing. Low poll.	Slight touches. Poor jumping form. Too hesitant. Failure to stay on center lines.	Knock downs. Refusals. Failure to maintain gaits. Off sides of bridge. Missing tire completely.	Off course – NO SCORE Cueing horse in front.
Calmness Obstacles Water Plastic Brush Plants Carrying Objects Dally and drag w/rope	Steady going. Alert. Careful but willing. Low poll	Tense over or thru obstacles. Nervous when carrying objects or working rope.	Jumping over or thru obstacles. Spooking when carrying objects or working rope. Losing rope. Refusals. (Western) – two hands on reins. More than one finger between split reins. Finger between closed reins.	Off course – NO SCORE Cueing horse in front. Running off with rope or carried object.

**All horses with clean or minor fault trips will be considered before major fault horses.
Evidence of altered tail carriage is considered a major fault.**

JUDGING GUIDELINES FOR RIDERS WITH DISABILITIES

EQUITATION – Novice (for riders who have a horse handler and one or two side walkers).

Walk only. Side walkers are available to assist in maintaining balance only when necessary. Horse handler holds lead for safety only and must walk behind horses' ears showing slack in the lead.

Intellectually Disabled Rider:

Rider should:

- Have a correct position and seat.
- Be able to carry out transitions without too much irregularity or roughness, e.g., halts, walk-on, circles and reverses.
- Initiate steering, halts, walk-on, and basic control of the horse.

Physically Disabled Rider:

Rider should"

- Have a fairly good position and seat.
- Be able to carry out transitions without too much irregularity or roughness, e.g. halts, walk-on, circles, and reverses.
- Initiate steering, halts, walk-on, and basic control of the horse.

If the rider's disability is more severe, the side-walker will most likely be giving physical support (i.e., by locking arm over thigh, or giving lower leg and ankle support). As a judge, one must be able to look past the limitation of these physical disabilities. The disabilities should not interfere with the rider's ability to exhibit his riding skills. Look for results in FUNCTION not FORM.

JUDGING GUIDELINES FOR RIDERS WITH DISABILITIES cont'd

EQUITATION – Intermediate (for rider with horse handler for trot only): Horse handler may attach a lead rope to the horse for trotting exercises. At the walk, horse handler walks behind the horse's ears with an unattached lead rope in hand. Walk/trot.

Intellectually Disabled Rider:

Rider should:

- Have a correct position and seat.
- Maintain his position throughout the class.
- Be able to execute a posting trot, on the correct diagonal and in rhythm.
- Exhibit preparation to execute tasks and good control of their horses.
- All tasks requested should be carried out independent of horse handler with the exception of trotting.
- Perform transitions attempted smooth.
- Have hands low and together.
- Be aware of his "space"/"place" in the ring.

When looking at these riders, expect more of their abilities than in the novice level.

Physically Disabled Rider:

Rider should:

- Have a correct seat and position/
- Maintain his position throughout the class.
- Should be able to execute a posting trot, on the correct diagonal and in rhythm
- Exhibit preparation to execute tasks and good control of their horses
- Perform all task requested should be carried out independent of horse handler with the exception of trotting
- Perform transitions attempted should be smooth
- Keep hands low and together
- Be aware of his/her "space / place" in the ring
- Perform transitions that may not be too smooth
- (may) hold the reins in one hand while holding the pommel with the other

Again, if the rider's disability is more severe, one must try to look past the spasticity, and look more for unity of the rider with the horse. Results are by function not form. If the horse responds to the rider's aids, no matter how awkward they may appear, the end result is what must be judged. General impression plays a very important role in judging this class

JUDGING GUIDELINES FOR RIDERS WITH DISABILITIES cont'd

EQUITATION – Advanced (rider with no horse handler or side walker). Walk/trot & walk/trot/cantor

Intellectually Disabled Rider:

Rider should:

- Have a secure /independent seat
- Use correct natural aids
- Posting on correct diagonal
- Walk/trot transitions should be executed smoothly (canter may be a bit erratic).
- Do all task requests should be carried out smoothly with preparation, e.g. figure eight should be two nice “round” even circles with an execution of a change of diagonal in between.
- Be able to avoid “bunching up” or “traffic jams”

One should expect good coordination, attention, control and attitude. Also expect emotions to be under control at all times

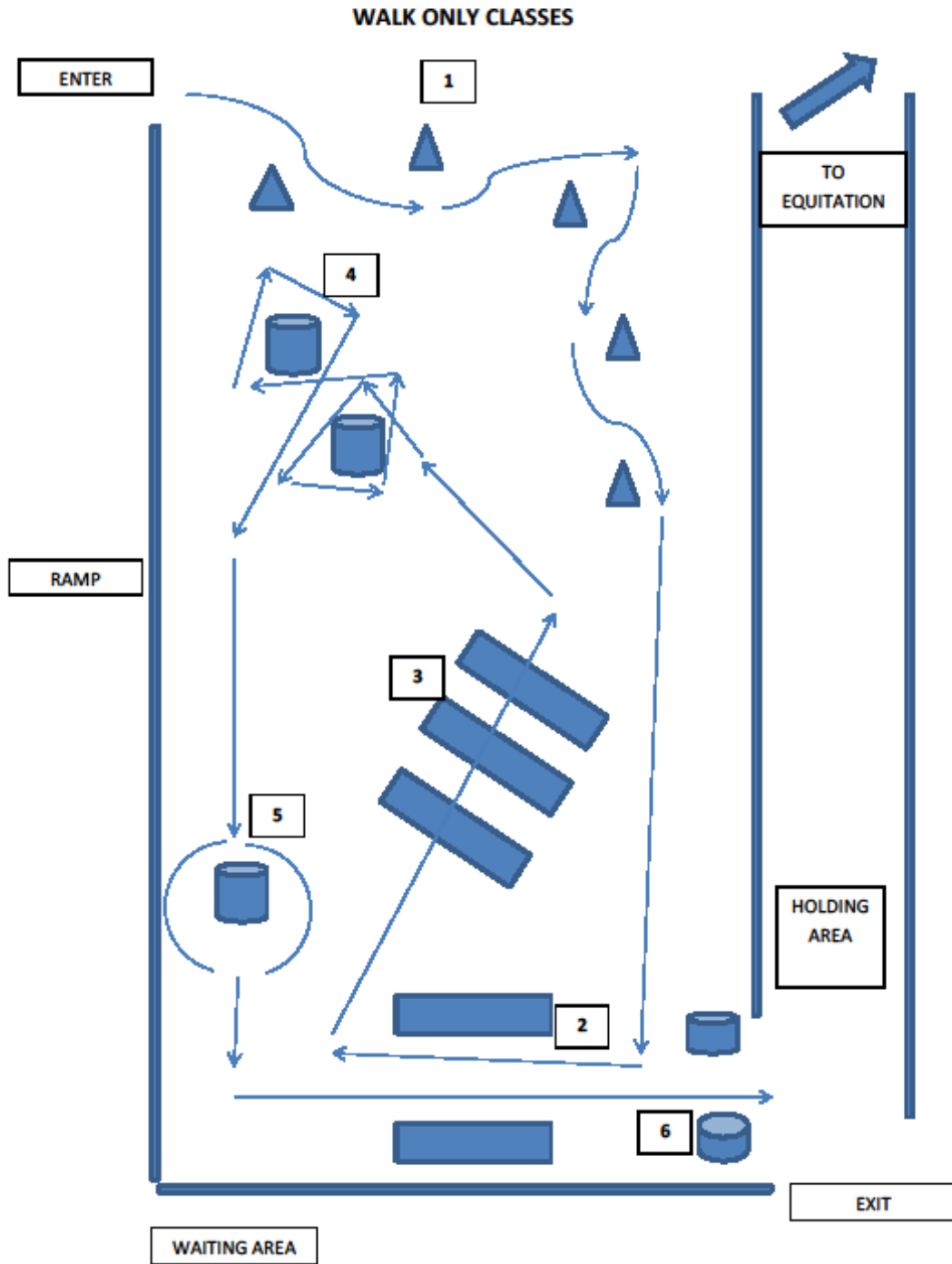
Physically Disabled Rider:

Rider should:

- Same as an intellectually disabled rider

These riders will be judged on the use of aids, control of the horse, and position of the rider (as much as disability will allow – keeping in mind necessary modifications). Those riders with physical limitations preventing posting at the trot should be able to explain and understand posting on the correct diagonal. One should expect good coordination (as can be), attention, control, and attitude. One may have a pretty involved independent rider with cerebral palsy mixed in with those with mild cerebral palsy and spinal cord injury. The latter will present much more quiet riders – look past the disability to the end result. This is very difficult, but one must have an obligation as a judge to separate emotions from intellect. Riders want to be judged by their abilities, not disability.

SAMPLE Working Trail Course



Special Olympics Massachusetts would like to thank the following partners



All of our participating farms, host farms and 4 legged volunteers