

Do NOT use this form to enroll for the APHA shows



C.H.A.M.P.S. Division 2020-21 Declaration Form

Mail or email to the Treasurer before the first show you want to count.

Shannon O'Dell – 1324 N. Liberty Lake Rd. #167 – Liberty Lake, WA 99019 - nwcc.pac.program@gmail.com

NAME OF EXHIBITOR SIGNING UP

LIST ALL NWCC CLUBS THAT EXHIBITOR IS A MEMBERS OF

Name & Phone & Email of the Representative we should be contacting in the event of any questions about enrollment or points:

For questions about the CHAMPS program, please contact Megan Dulin – (956) 245-9935 or megallyn5@gmail.com

RULES:

- All exhibitors must be in good standing with all NWCC member clubs. Any exhibitor who has any show fees outstanding with any NWCC member club (or the Zone One show) at the end of the point challenge period shall be ineligible for NWCC year end awards.
- A fully paid current membership to an NWCC club is required before points will be tabulated. Exhibitors have 10 days after the conclusion of a show to join an NWCC approved club for those show points to count towards NWCC year end awards.
- An individual's NWCC points will not be tracked until the NWCC Treasurer has received a completed declaration form with the CHAMPS division enrollment fee & medical form. These must be received by the NWCC Treasurer before the first show or within 10 days of the show you want to count for year-end awards. For those who showing in November & December 2020 or January-March 2021, you must be signed up by April 1st for those shows to count (extended this year only due to late posting of forms)
- Exhibitor or a representative will be responsible for submitting a copy of their class placings to the NWCC Champs pointskeeper within 30 days of a show for that class to be counted. Email = nwcc.pac.program@gmail.com – Phone = 509-951-8053.
- The show season will last from November 1st through October 31st of each year. Awards to be given in all qualified divisions. Exhibitor must accumulate a minimum of 10 NWCC points in a division. Points will be calculated using the chart in the regular NWCC & NWCC PAC rules.
- TIES: Ties will be broken in the following manner: (1) the exhibitor showing in the least number of shows; then (2) flip of coin
- DIVISIONS:
 - ❖ Walk Only (assisted or unassisted)
 - ❖ Walk/Jog Assisted
 - ❖ Walk/Jog Independent/Unassisted
 - ❖ Walk/Jog/Lope Independent/Unassisted
 - ❖ Recreational (includes lesson hours)
- Challenges to or questions about the NWCC points must be made to the NWCC Board no later than 14 days after the final points are posted at the end of the year. The NWCC Board reserves the right to decide all challenges or questions.
- All NWCC awards must be picked up at the banquet unless prior arrangements have been made. Forfeited awards will be reused or donated at the discretion of the NWCC Board.

- \$35 enrollment fee is included (to pay by credit card, total fee is \$36.50 – call 509-951-8053 with card information). Fee is \$35 per exhibitor.

TO BE FILLED OUT BY THE EXHIBITOR AND/OR REPRESENTATIVE: *By signing this, I (representative or exhibitor) acknowledge that I/we understand the NWCC rules as stated above. All forms must be signed for points to count.*

****POINTS WILL NOT COUNT UNTIL YOU HAVE RECEIVED CONFIRMATION THAT DECLARATION FORM HAS BEEN RECEIVED. NO EXCEPTIONS.**

DATE SENT _____ SIGNATURE _____

Please provide your email address _____



Challenged Horseman and American Paints Program (CHAMPS) SPECIAL DIAGNOSIS FORM

Please note: In accordance with CHAMPS rules, each participant in the CHAMPS competition must have a diagnosed mental or physical condition attested to by a licensed medical doctor and returned to NWCC prior to show results being posted.

Exhibitor's Name: _____

Address: _____

City: _____ State/Province/Country: _____ Zip/Postal Code: _____

Telephone #: (_____) _____ E-mail: _____

ELIGIBLE CONDITIONS

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

Angelman Syndrome	Ankylosis	Amputation	Arthrogyposis
Asperger's Syndrome	Autism	Batten's Disease	Cerebrovascular accident (stroke)
Cerebellar Ataxia	Cerebral Palsy	Cognitive Disabilities	Coffin-Lowry Syndrome
Cystic Fibrosis	Down Syndrome	Dwarfism	Fetal Alcohol Syndrome
Fragile X Syndrome	Friedreich's Ataxia	Guillian-Barre Syndrome	Hearing Impairment
Hunter's Syndrome	Juvenile Rheumatoid Arthritis	Mental Retardation	Microcephaly
Multiple Sclerosis	Muscular Dystrophy	Paresis	Post-Polio Syndrome
Prader-Willi Syndrome	Rett Syndrome	Seizure Disorder	Sensory Motor Neuropath
Spina Bifida	Spinal Cord Injury	Tourette Syndrome	Traumatic Brain Injury
Trisomy Abnormalities	Upper Motor Neuron Lesions	Visual Impairments	Williams-Beuren Syndrome

Other (subject to NWCC approval): _____

MEDICAL STATEMENT

In accordance with CHAMPS rules, this exhibitor has been diagnosed with the above designated condition(s).

Name of Physician: _____ Date: _____

Signature of Physician: _____ License: _____

City and State/Province/County of Practice: _____

PLEASE NOTE: Northwest Coordinating Committee does not assume responsibility for safety of participants in any event. Each participant or their parent or guardian by allowing participation, assumes all risk of personal injury or property damage occurring as a result of the participation.

Please keep a copy of this form as you might need it for competing in CHAMPS events put on by various organizations. Show a copy to the show secretary or show management to see if they can accept this form in lieu of their own.