

## MOTORIZED TRANSPORTATION REQUEST FORM



As a rule, players and caddies must always walk during a round and are prohibited from using automotive transportation. Players and caddies may use pull carts unless the club/course has a policy prohibiting their use. However, Golf Québec recognizes that there are circumstances where exceptions will be made. Exceptions include those situations where anyone (including a caddie) seeking a golf cart due to a serious permanent disability has been granted permission to use a cart. Granting of the use of a cart can only be made by Golf Québec from its head office located in Montréal, Québec. Temporary disabilities do not qualify under this exception and therefore use of a cart will not be granted by Golf Québec.

In each instance where an applicant is submitting a request for a golf cart, both the relevant Golf Québec tournament entry application and the motorized transportation request form (including the required medical documentation as specified in this form) must be submitted to Golf Québec by the player (not a caddie), by e-mail, and received by Golf Québec no later than the tournament entry deadline. Such information should be sent to Sandrine Bigras, Competition Director at Golf Québec.

Golf Québec will not evaluate requests submitted via fax, telephone or without all required documentation having been submitted in its entirety as part of a single submission.

Any player wishing to receive permission for his or her caddie to use a golf cart must submit a motorized transportation request form and the required medical documentation no later than the tournament entry deadline. Golf Québec will not accept requests directly from caddies.

Applicants seeking to use a golf cart in more than one Golf Québec competition during a given competitive season must submit a list of tournaments in which they intend to play during that season. Each request made to Golf Québec for a specific event must be sent no later than the tournament entry deadline.

Please note that requests due to "temporary" injuries or impairments that do not qualify as a "disability" will not be granted.

A new request must be made at the beginning of each season and if the condition hasn't changed, Golf Québec will evaluate the medical information previously submitted on the person's behalf if it is current in the relevant submission and was otherwise submitted in accordance with the procedures outlined above.

Confidential information to be supplied by anyone claiming a disability seeking to use a cart in a Golf Québec competition.

***Please use additional pages as necessary.***

1) Please explain the nature of your disability and why does it require that you use a cart?

2) Medical history information:

a) Is your disability permanent or temporary?

---

b) How long have you suffered from this disability?

---

c) How does this disability limit your ability to walk during tournament golf?

---

d) Is it stable?

---

e) Has it become worse over time?

---

3) Provide a current medical report from the treating physician that has evaluated your condition, describing the nature and extent of your disability and explaining why it would be beyond your ability to walk and compete during this event. Such report must explain, in detail, your diagnosis and symptoms, and specifically describe how your condition impairs your ability to walk in general and during a golf tournament. **Such report should be attached to and submitted with this completed motorized transportation request form.**

4) Please provide the name, address and telephone number(s) of your treating physician(s) for the condition which, you believe, requires the use of a cart:

5) What is the current treatment plan for your condition? Identify the medication(s) and therapy that are used to treat your condition, and any experienced side effects.

6) If your condition relates to a cardiac (heart) problem, please answer the following:

a) Have you ever had coronary artery bypass surgery or angioplasty?

---

b) Do you take heart medications and, if so, what are the medications and current dosages?

---

c) Do you experience shortness of breath, chest or arm tightness, leg cramping while walking? If so, how many yards can you walk before you feel the need to stop?

---

7) Can you walk up a flight of 10 stairs or more without assistance, without walking aids, and without holding on the handrail? How many yards can you walk on level ground without having to stop or without assistance?

8) Do you use walking aids (cane, crutches, walker, wheelchair, back brace, leg brace)? If so, please describe how long you need to use them every day.

9) Provide a list of the golf tournaments in which you have played in the past five years and state whether you walked or used a cart during these tournaments.

10) On average, how many times a week do you play non-tournament golf?

---

11) In non-tournament play, what percentage of the time do you walk when you play, what percentage of the time do you use a cart?

I certify that the information supplied above and in any attachments is true and accurate to the best of my knowledge and belief.

---

Player's Signature

---

Print Name

---

Date (mm/dd/yyyy)

\*\*\*Please note that this motorized transportation request form (including all information requested above, medical report from physician, and authorization for release of medical information found below) must be submitted to Golf Québec **simultaneously and together** with the original relevant Golf Québec tournament(s) entry(ies) application, all of which must be submitted by the player (not a caddie), in an e-mail, and received by Golf Québec by no later than the tournament(s) entry(ies) deadline.

**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION IN SUPPORT OF A REQUEST FOR USE OF A CART**

I authorize Golf Québec and their designated agents and medical professionals participating in the decision to provide a golf cart to use my medical information in confidence and to contact my health care provider(s) regarding my condition, which I believe constitutes a disability entitling me to use a cart in a golf tournament competition.

I authorize my health care provider(s) to communicate with Golf Québec, their designated agents and medical professionals participating in the decision to provide a golf cart to arrange for such clarification or further information as may be necessary for Golf Québec to decide regarding my request for use of a cart. I authorize the release of any documentation, medical records, or other information relating to my condition in connection with my request for use of a cart.

---

Player's Signature

---

Print Name

---

Date (mm/dd/yyyy)

**RULES COMMITTEE – GOLF QUÉBEC**