



Approved May 2022

TRANSPORTATION REQUEST FORM

As a general rule, with the exception of Senior Amateur Championships and the All Abilities Championship, players and caddies must walk at all times during a stipulated round and are prohibited from using automotive transportation (including any form of mechanical transportation powered by the player). This rule also applies during Golf Canada qualifying rounds except in the case of a shuttle that the Committee has provided by Local Rule. However, Golf Canada 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 Canada. Temporary disabilities or injuries do not qualify under this exception. Players and caddies may use pull carts unless the club/course has a policy prohibiting their use.

In each instance where an applicant is submitting a request for a golf cart, **both the relevant Golf Canada Championship entry application and the Transportation Request Form (including the required medical documentation as specified on the form) must be submitted to Golf Canada by the player (not a caddie), no later than registration deadline for the Championship.** All information submitted will be treated on a strictly confidential basis. Such information should be submitted by email to Golf Canada to the attention of the Amateur Championships and Rules department:

Adam Cinel
Manager, Amateur Championships and Rules
acinel@golfcanada.ca

Josée Matte
Manager, Amateur Championships and Rules
jmatte@golfcanada.ca

Golf Canada will not evaluate requests without all required documentation having been submitted in its entirety as part of a single submission.

Any player wishing to receive permission for their caddie to use a golf cart must submit a Transportation Request Form and the required medical documentation at the same time the player submits his or her entry application. If a caddie is approved to use a golf cart they may ride with a player who has been approved to use a golf cart. **Golf Canada will not accept requests directly from caddies.**

Applicants seeking to use a golf cart in more than one Golf Canada Championship during a given season must submit each request individually before the registration deadline for each Championship, but need only include the required medical information with the first request, provided no change to the relevant medical condition has occurred in the intervening time. Golf Canada will evaluate the medical information previously submitted on the person's behalf during the same Championship year provided it is current as of the relevant submission and was otherwise submitted in accordance with the procedures outlined above.

The completed application will be reviewed by the following:

- Director and Manager, Amateur Championships and Rules (Golf Canada staff)
- Chair, Rules & Amateur Status Committee
- Chair, Amateur Competitions Committee
- Chief Medical Officer



TRANSPORTATION REQUEST FORM

CONFIDENTIAL INFORMATION TO BE SUPPLIED BY ANYONE CLAIMING A PERMANENT DISABILITY SEEKING TO USE A CART IN A GOLF CANADA CHAMPIONSHIP OR QUALIFYING ROUND

Please use additional pages as necessary*

1. Please explain the nature of your disability and why you require the use of a cart?
2. Historical Information:
 - a. Is your disability considered to be permanent or temporary?
 - b. In the case of an acquired disability, how long have you had this disability?
 - c. How does this disability limit your ability to walk during tournament golf?
 - d. Has it become worse over time?
3. Provide a current medical report from your 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 together with this completed cart request form.**
4. Please provide the name, address and telephone number(s) of your treating physician(s)
5. Can you walk up a flight of 10 or more stairs without assistance, without walking aids, and without holding onto the handrail? How many yards can you walk on level ground without having to stop, or without assistance?

6. Do you use walking aids (cane, crutches, walker, wheelchair, back brace, leg brace) and if so, describe the length of time you use them each day.
7. Provide a list of the golf tournaments you have played in during the past five years and state whether you walked or used a cart during these tournaments.
8. On average, how many times a week do you play non-tournament golf?
9. In non-tournament play, what percentage of the time do you walk when you play, what percentage of time do you use a cart?

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

Player's Signature
Date (mm/dd/yy)

Print Name

****Please note that this Transportation Request Form (including all information requested above, medical report from physician and attached authorization for release of medical information) must be submitted to Golf Canada simultaneously and together with the original relevant Golf Canada Championship entry application, all of which must be submitted by the player (not a caddie) in writing, and received by Golf Canada by no later than the registration deadline for the Championship. Golf Canada commits to ensuring your privacy and that the application and all supporting documentation will be treated on a strictly confidential basis.**



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

I authorize Golf Canada 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 during golf tournament competition.

I authorize my health care provider(s) to communicate with Golf Canada, their designated agents and medical professionals participating in the decision to provide a golf cart to provide such clarification or further information as may be necessary for Golf Canada to make a determination 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
Date (mm/dd/yy)

Print Name