



Golf Canada
Suite 1, 1333 Dorval Drive, Oakville, ON L6M 4X7
905.849.9700 1.800.263.0009 info@golfcanada.ca

golfcanada.ca

MOTORIZED TRANSPORTATION REQUEST FORM

As a general rule, with the exception of Senior Amateur Championships, players and caddies must walk at all times during a stipulated round and are prohibited from using automotive transportation. This rule also applies during Golf Canada qualifying rounds except in the case of a shuttle that the Committee has provided by Local Rule. Players and caddies may use pull carts unless the club/course has a policy prohibiting their use. 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 from its offices in Oakville, Ontario. Temporary disabilities do not qualify under this exception and therefore use of a cart will not be granted by Golf Canada.

In each instance where an applicant is submitting a request for a golf cart, **both the relevant Golf Canada Championship entry application and the cart request form (including the required medical documentation as specified on the cart request form) must be submitted to Golf Canada by the player (not a caddie) in writing in a single envelope and received by Golf Canada, no later than the date the Championship entry application is due.** Such information should be sent to Golf Canada and to the attention of the Director of Rules and Competitions:

Golf House
Suite 1
1333 Dorval Drive
Oakville, Ontario,
L6M 4X7

Golf Canada will not evaluate requests submitted via telephone or over the internet 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 cart request form and the required medical documentation at the same time the player submits his or her entry application. **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 such request individually in writing together with the Championship application form, prior to the date the relevant Championship application form is due 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.

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



Golf Canada
Suite 1, 1333 Dorval Drive, Oakville, ON L6M 4X7
905.849.9700 1.800.263.0009 info@golfcanada.ca

golfcanada.ca

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

 6. If your condition relates to a cardiac (heart) problem, please answer the following:
 - a. Have you ever had coronary artery bypass surgery or an angioplasty?

 - b. Do you take cardiac 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 stopping?

 7. 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?

 8. 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.

 9. 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.

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



Golf Canada
 Suite 1, 1333 Dorval Drive, Oakville, ON L6M 4X7
 905.849.9700 1.800.263.0009 info@golfcanada.ca

golfcanada.ca

11. 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.

_____	_____	_____
Competitor's Signature	Print Name	Date (mm/dd/yy)

****Please note that this cart 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 date and time the Championship entry application is due. Facsimile, phone or on-line submissions not accepted.**

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.

_____	_____	_____
Competitor's Signature	Print Name	Date (mm/dd/yy)