**ATHLETE NAME:** Click here to enter text.

**FEI ID:** Click here to enter text.

**ATHLETE’S NATIONAL FEDERATION:** Click here to enter text.

**DISCIPLINE:** Choose an item.

**Requested Start Date of FEI Maternity Leave****Note 1:** Click here to enter a date.

***Note 1:*** *Applications cannot be submitted retroactively*

**Requested End Date of FEI Maternity Leave:** Click here to enter a date.

(3 months minimum. 12 months maximum) **Note 2**

***Note 2:*** *If no End Date is specified, the minimum period of 3 months will automatically apply. If an Athlete returns to competition prior to fulfilling the minimum 3 month period, the Athlete will lose their entitlement to retain ranking points during the period they were not competing and the rankings will be recalculated accordingly.*

**Applicable Conditions**

* The rules applicable to Maternity Leave in the FEI Ranking Rules of the relevant discipline in force as of the date of submission of this form will apply. To the extent there is any discrepancy between this Form and the relevant FEI Ranking Rules, the FEI Ranking Rules will take precedence.
* During the period of FEI Maternity Leave the Athlete is not eligible to compete in national or international equestrian competitions.
* If the Athlete wants to return earlier than the Requested End Date of the FEI Maternity Leave, the Athlete must give the following notice to the relevant FEI Sports Department (at the email address indicated below).

**Jumping:** 10 weeks if the Athlete wants to be eligible for invitations that are issued according to the FEI Online Invitation System for Events taking place as of the new Maternity Leave End Date.

 OR

4 weeks: If an Athlete wants to be eligible to compete in international or national Competitions according to an invitation that is received by the Athlete otherwise than under the FEI Online Invitation System (e.g. OC invitation

**Other Disciplines:** 4 weeks

The minimum period of 3 months must always be respected.

* This FEI Maternity Leave Request can only be considered if accompanied by a doctor’s certificate confirming the reason the Athlete’s pregnancy.
* If the Athlete wants to extend the FEI Maternity Leave beyond the Requested End Date indicated above, the Athlete must inform the relevant FEI Sports Department (at the email address indicated below), prior to the end of the original period of FEI Maternity Leave.

***[ ]  I confirm that I understand and agree to comply with the above conditions.***

Only a fully completed FEI Maternity Leave Form accompanied by a valid doctor’s certificate will be accepted.

Click here to enter text. Click here to enter a date.

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**Athlete Signature Date**

**The completed Form and Maternity Certificate(s) must be submitted by the Athlete (with the Athlete’s NF in cc) to the relevant Sports Department of the FEI. See email addresses below.**

**Jumping:** Kevin.Guttmann@fei.org

**Dressage:** philippe.maynier@fei.org

**Para Dressage:** Laetitia.Gillieron@fei.org

**Driving:** driving@fei.org

**Endurance:** endurance@fei.org

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***TO BE COMPLETED BY THE FEI***

**Received on:** Click here to enter text.

**Approved on:** Click here to enter text.

**Copy Returned to Athlete on:** Click here to enter text.

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