

**CLASSIFICATION FORM
FOR ATHLETES WITH
VISUAL IMPAIRMENT**



Event: _____ **Date:** _____
dd/mm/yyyy

Location: _____

Entry Sport Class Status (Swimming): New Review Protest

Entry Sport Class (Swimming) (if applicable): S/SB/SM 11 S/SB/SM 12
S/SB/SM 13 NE

Athlete Information:

Family Name: _____ SDMS ID: _____
First Name(s): _____ Gender: Female Male
Nationality: _____ Passport or ID number: _____
Date of Birth: _____
dd/mm/yyyy

Training Information:

Do you train with an accredited coach? Yes No
Years involved in competitive athletics: _____
Number of training sessions per week: _____
Length of each training session: _____
Cross training: Yes No Type: _____
Number of competitions in the past 12 months: _____
Date and place of first classification: _____

Medical Information:

Visual diagnosis and associated diagnoses:

Progressive: Yes No First diagnosed in year _____
Medication: _____
Ocular allergic reactions to drugs: _____
Optical aids used in competition: Spectacles Contact lenses
Sunglasses Goggles

ATHLETES EVALUATION CONSENT FORM

1. I agree to undergo the Athlete Evaluation process detailed in the IPC Swimming Classification Rules and Regulations and administered by the designated IPC Swimming classification team. I understand that this process will require me to participate in sport-like exercises and activities. I understand that there is a risk of injury in participating in exercises and activities and that I am healthy enough to do so. I also agree that if I am injured during the course of this classification process that I will hold IPC Swimming blameless.
2. I understand that Athlete Evaluation requires me to give my best effort, and that failure to do so may result in me being disqualified from IPC Swimming competition. I also understand that discrepancies between the performances I demonstrate during the Athlete Evaluation process and that which I demonstrate during competition could also lead to my disqualification from IPC Swimming competitions.
3. I understand that Athlete Evaluation is a judgment process and will agree to abide by the judgment of the Classification Panel. If I do not agree with the results of the Classification Panel, I agree to abide by the protest and appeals process as defined in the Classification Regulations.
4. I agree to be videotaped and photographed during the Athlete Evaluation process that may include my activity on and off the field of play during the competition.
5. I agree and consent to collating and retaining my personal data in any format, including my full Name, Year of Birth, Sport, Sport Class and Sport Class Status, and agree and consent to my Name, Country and Sport Class and Sport Class Status being published on the website.

Printed name of the Athlete

Signature

Date