



CLASSIFICATION REQUEST & PERMISSION FORM

Date _____ Place _____
Event _____

Archer Details: The archer must bring with them evidence of their medical condition in English & Passport.

The archer must bring all special equipment & assistive devices to the classification appointment.

Family Name _____
Given Name _____
Date of birth [month in words eg May] _____
Country _____

The Archer agrees to cooperate fully with the Classification

- By fully answering all questions truthfully.
- Attempting all physical tests to the best of their ability.

Note: Athletes who do not cooperate fully as stated above may be disqualified from the competition.

In agreeing to be classified, the archer must understand that some of the tests may unfortunately cause pain. We are sorry for this but it is unavoidable.

I have no health problems which would stop me undertaking the tests ask of me. I agree that if I sustain an injury during the classification procedure I hold Para-archery blameless.

My participation in the classification procedure is voluntary and I have the right to withdraw at any time. If I withdraw I understand that classification cannot take place and I will not be able to compete in para-archery competitions.

To assist World Archery in developing the classification system I also give my consent to allow data collected during my classification to be used for research and educational purposes. This includes any photographs or videos taken during the field evaluation component of classification and/or training and competition. I understand that I may withdraw this consent at any time.

Archer's signature _____

FOR OFFICIAL USE ONLY

Does the archer give permission for their card to be released to their Team Manager? Yes / No _____

Signature of person receiving copy of classification card _____

Classification results

Date and Time of Classification _____

Classification **W1 W2 ST** _____ [circle relevant class] _____

Classifiers names & signatures _____