



PARA-ARCHERY

CLASSIFICATION FORM REQUEST

Date _____ Place _____

Event _____

Details of Athlete to be classified

The athlete must bring with them evidence of their medical condition in English

The athlete must bring all special equipment & assisive devices to the classification appointment

Family Name _____

Given Name _____

Date & place of birth [month in words eg May] _____

Country _____

International Federation _____

Athlete agreement to Cooperate fully with the Classification

Name _____

Federation/Country _____

**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** ____

Archers signature _____

FOR OFFICAL USE ONLY

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

Classification results

Date and Time of Classification _____

Classification _____

Classifiers _____

signature of classifiers _____