

REQUEST FOR CLASSIFICATION

PROCESS AND FORM COMPLETION CHECKLIST

ENSURE ALL BOXES ARE CHECKED BEFORE SENDING THE FORMS

TO classification@archery.org

- ELECTRONIC** FORM COMPLETED FULLY (NO HAND WRITTEN FORMS ACCEPTED)
- ELECTRONIC FORM COMPLETED IN **ENGLISH** (IF TRANSLATION REQUIRED THE TRANSLATION MUST BE CONFIRMED BY PHYSICIAN)
- SUBMITTED MORE THAN **30 DAYS PRIOR** TO REQUESTED CLASSIFICATION EVENT (LATE FORMS WILL NOT BE ACCEPTED)
- THE ATHLETE IS REGISTERED FOR COMPETITION EVENT ASSOCIATED WITH CLASSIFICATION EVENT

- REQUEST FOR CLASSIFICATION FORM – PAGE 1
 - REQUESTED CLASSIFICATION EVENT IDENTIFIED
 - ALL INFORMATION PROVIDED
 - SIGNED/STAMP BY NATIONAL FEDERATION REPRESENTATIVE
 - NEW/REVIEW WITH FIXED DATE/REASSESSMENT IDENTIFIED
 - FORM DATED AND PLACE OF SIGNING IDENTIFIED
 - DIGITAL PHOTO PROVIDED IN .JPG FORMAT

- ATHLETE CONSENT - PAGE 2
 - READ/SIGNED/DATED BY ATHLETE

- MEDICAL INTAKE FORM
 - ALL BOXES COMPLETED
 - NATIONAL FEDERATION IDENTIFIED
 - REASON FOR REASSESSMENT PROVIDED
 - AN ELIGIBLE PRIMARY DIAGNOSIS PROVIDED**
 - ALL PHYSICIAN INFORMATION COMPLETED AND FORM SIGNED BY A LICENSED MEDICAL PRACTITIONER