

Para Archery Classification Intake Form

This form consists of three parts.

The first part is a request form which needs to be completed and signed by the National Federation representative.

The second part is the consent form which must be signed by the athlete to allow the Classifiers to collect their personal data.

The third part is the Medical Intake form that provides evidence of the relative health condition and needs to be completed by a physician familiar with the applicant's medical condition, disease, or injury and who must sign the completed document and provide national medical society or board of practice information for verification purposes.

All parts must be completed electronically in the *English language* and received by World Archery (classification@archery.org) 30 days prior to the classification. If the form has been translated into English by an official translator, the translation must be signed by the physician confirming accuracy of translation.

As this form represents the first step in the classification process, the information provided must be honest, accurate, and verifiable. Successful completion of this form does not indicate that a classification will be performed. Rather, it provides a concise basis of discussion between the applicant and classification team regarding the applicant's potential for being successfully classified as a para archery competitor. If the form has not been completed in all three parts, it will be returned to the National Organisation.

The completed form must be submitted less than three months prior to classification. Scheduling but must be received at least 30 days ahead of the classification sessions.

The information provided on this form is essential to verify that the medical condition, disease, or injury that the applicant has sustained has a clear impact on their ability to function in the sport of archery.

Electronic portrait picture (passport type, JPG) is required together with this form as a separate attachment.

Event _____

<p>Archer Details: <u>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.</u></p> <p>Family Name _____</p> <p>Given Name _____</p> <p>Date of birth (DD/MM/YYYY) _____</p> <p>Country _____</p> <p>Type of request (cross only one type of request) new classification <input type="checkbox"/> review with the fixed date <input type="checkbox"/> reclassification <input type="checkbox"/></p>

Date _____ Place _____

Signature of National Federation representative _____

Stamp of National Federation

Consent Form

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.

Consent and Athlete Declaration

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: _____

Place and data: _____

Para Archery Classification Medical Information Intake Form

Applicant Information

This form needs to be completed electronically (hand written forms not accepted)

Family name and Given name (as passport)	
Date & Place of Birth (DD/MM/YYYY)	
National Governing Body (Member Association)	
<p><i>This part is filled only if reclassification is requested</i></p> <p>Reason of the reclassification request <i>(explain the change of the eligibility according to previous) classification)</i></p>	
Primary Diagnosis (the major medical condition, disease, or injury that impacts the applicant's ability to perform the sport of archery)	
Date of diagnosis (DD/MM/YYYY)	
Significant functional limitations and/or impairments associated with the Primary Diagnosis	
Summary of Special Tests that confirm the Primary Diagnosis (may include information provided by X-rays, Magnetic Resonance Images, Diagnostic Electromyography, or other tests deemed appropriate by a treating physician)	

Para Archery Classification Medical Information Intake Form

Secondary Diagnosis (a secondary medical condition, disease, or injury that when combined with the primary medical diagnosis impacts the applicant's ability to perform the sport of archery)	
Date of diagnosis (DD/MM/YYYY)	
Significant functional limitations and/or impairments associated with the Secondary Diagnosis	
Summary of Special Tests that confirm the Secondary Diagnosis (may include information provided by X-rays, Magnetic Resonance Images, Diagnostic Electromyography, or other tests deemed appropriate by a treating physician)	
Any other medical conditions, diseases, injuries, or extenuating circumstances that may impact the applicant's ability to perform the sport of archery	

Para Archery Classification Medical Information Intake Form

Physician Information

Surname, First name	
Signature	
Physician National Medical Society or National Board of Practice	
Physician registration Number/ Not applicable	