

## II Classification Form



Competition: \_\_\_\_\_ Date: \_\_\_\_\_  
dd/mm/yyyy

|                                 |  |  |
|---------------------------------|--|--|
| <b>Entry Sport Class</b>        | <u>Backstroke/ Freestyle/ Butterfly</u><br>S14 <input type="checkbox"/><br>NE <input type="checkbox"/><br>CNC <input type="checkbox"/> | <u>Breaststroke</u><br>SB 14 <input type="checkbox"/><br>NE <input type="checkbox"/><br>CNC <input type="checkbox"/> |
| <b>Entry Sport Class Status</b> | New <input type="checkbox"/><br>Review <input type="checkbox"/>  | New <input type="checkbox"/><br>Review <input type="checkbox"/>  |

### Athlete Information:

Family Name: \_\_\_\_\_ Gender: Female  Male

First Name(s): \_\_\_\_\_ SDMS ID: \_\_\_\_\_

NPC: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
dd/mm/yyyy

| <b><u>Decision of the Classification Panel:</u></b>  |  |  |
|--|--|--|
| <b>Sport Class</b>   | <u>Backstroke/ Freestyle/ Butterfly</u><br>S14 <input type="checkbox"/><br>NE <input type="checkbox"/> | <u>Breaststroke</u><br>SB 14 <input type="checkbox"/><br>NE <input type="checkbox"/> |
| <b>Tracking Code</b> for observation assessment  | OA <input type="checkbox"/>  | OA <input type="checkbox"/>  |
| <b>Sport Class Status</b> (after observation assessment)   | Confirmed <input type="checkbox"/><br>Review <input type="checkbox"/>                                  | Confirmed <input type="checkbox"/><br>Review <input type="checkbox"/>                |
| Classification Not Completed (CNC) <input type="checkbox"/> <span style="float: right;">(provide reason in the comment box)</span> |  |  |

To be completed by the Athlete and/or Parent or Guardian. Signature indicates that the athlete has been duly informed about the Sport Class and Sport Class Status assigned by the Classification Panel, and that the information provided by the athlete was correct.

Printed name of Athlete \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name of support personnel \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Classifier 1 \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed name of Classifier 2 \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Sport Cognition Test**

| Test               | Cut-off | Athlete has a HIGHER score than the cut-off score |     | Decision* |
|--------------------|---------|---|-----|-----------|
| Flanker Test       | 40.7    | NO  | YES | 0 1**     |
| Memory Corsi       | 6.69    | NO  | YES | 0 1*      |
| Tower of London    | 12.43   | NO  | YES | 0 1*      |
| Block design       | 58.31   | NO  | YES | 0 1*      |
| Matrix reasoning   | 28.91   | NO  | YES | 0 1*      |
| <b>Total score</b> |         |   |     | ____ / 5  |

\* YES scores translate into score 1.

Relevant observations by Classification Panel on Sport cognition test:

**Observation in competition**

| Relative Stroke Speed Indices | Average Indices | Score (0->5) |
|-------------------------------|-----------------|--------------|
| 200m Freestyle                |                 |              |
| 100m Breaststroke             |                 |              |
| 100m Backstroke               |                 |              |

Date of Observation Assessment (dd/mm/yyyy):  
 Relevant observations by Classification Panel:



### **Athlete Evaluation Agreement Form**

I wish to undergo the Athlete Evaluation process detailed in the World Para Swimming Classification Rules and Regulations and administered by World Para Swimming and a designated World Para Swimming Classification Panel and acknowledge that the following steps are essential to complete this process:

- a. I understand that this process may require me to participate in sport-like exercises and activities which may include me being observed whilst competing. I understand that there is a risk of injury in participating in exercises and activities. I confirm that I am healthy enough to participate in Athlete Evaluation.
- b. I understand that I have to comply with the requests made by both World Para Swimming and the Classification Panel. This includes providing sufficient documentation to determine whether I comply with the eligibility requirements for World Para Swimming. I also understand that if I fail to comply with any such request then Athlete Evaluation may be suspended without a Sport Class being allocated to me.
- c. I understand that Athlete Evaluation requires me to give my best effort, and that any Intentional Misrepresentation of my skills, abilities and/ or the degree of my Impairment during Athlete Evaluation may result in me facing disciplinary action.
- d. I understand that Athlete Evaluation is a judgment process and I agree to abide by the judgment of the Classification Panel. If I do not agree with the decision of the Classification Panel, I agree to abide by the protest and/or appeal process as defined in the Athlete Classification Code and International Standards.
- e. I may be videotaped and photographed during the Athlete Evaluation process and this may include my activity on and off the field of play during the Competition.
- f. My personal data (including my Sport Class, Sport Class Status and relevant medical information that has not already been collected by the IPC in the IPC Eligibility Agreement) (Personal Data), will be collected by World Para Swimming, my National Paralympic Committee (NPC) and/or my National Federation (NF) and be stored by World Para Swimming (including being transferred to or stored on the IPC's owned or contracted servers) and used by World Para Swimming, my NPC and/or my NF for the purposes of and to the extent necessary in relation to Athlete Evaluation and facilitating my participation in IPC Competitions.
- g. My Personal Data will be transferred to the IPC Medical & Scientific Director (or designated representative) and/or the IPC Medical Committee if the Classification Panel, upon review of Medical Diagnostic Information or through any observation during Athlete Evaluation, is of the view that I may have a health condition which could be adversely impacted by my participation in the sport of World Para Swimming for the purposes of assessing that risk and determining the appropriate outcome.

- h. My name, gender, year of birth, country, Sport Class and Sport Class Status will be published by World Para Swimming and shared with my NPC, NF and competition organisers.

**Additional Explanation (Consent):**

**Use of Personal Data for Research Purposes**

- I wish to assist World Para Swimming in developing the Classification system and therefore allow my Personal Data, including video material recorded during training and competition, to be used for research and educational purposes by World Para Swimming in perpetuity, provided such Personal Data is anonymised prior to any publication.

Providing or not providing this consent does not affect the fulfilment of this Athlete Evaluation Agreement Form as a whole. If consent for research purposes is not provided, Personal Data will not be used for this purpose. If consent is provided, it can be withdrawn at any time by contacting the IPC Headquarters at: [privacy@paralympic.org](mailto:privacy@paralympic.org).

**Release of Claims**

I hereby release World Para Swimming, the IPC and their respective executive members, directors, officers, employees, volunteers, contractors or agents, from any liability (to the extent permitted by law) for any loss, injury or damage suffered by me in relation to the collection of my Personal Data by my NPC or NF and/or my participation in Athlete Evaluation.

**Access to Personal Data**

I understand that I have a right to access and correct the Personal Data that World Para Swimming holds about me under data protection law by contacting my NPC or NF, who will, if required, contact World Para Swimming. I also understand that my eligibility to participate in the sport of World Para Swimming is contingent on my voluntary participation in Athlete Evaluation so that a Sport Class can be allocated to me. I also understand that I may withdraw my agreement to World Para Swimming processing and storing my Personal Data at any time. I further understand that the withdrawal of my agreement to the processing and storing of my Personal Data will result in me being ineligible to participate in the sport of World Para Swimming.

**Contact Details**

I understand that I may contact the IPC Headquarters at: [privacy@paralympic.org](mailto:privacy@paralympic.org) should I have any questions about the content of this Athlete Evaluation Agreement Form and the use of my Personal Data.

|   |                    |               |
|---|--------------------|---------------|
| _____<br>Printed name of Athlete  | _____<br>Signature | _____<br>Date |
| _____<br>Athlete Representative (mandatory signature if the Athlete is considered a minor or lacks legal capacity under national legislation) | _____<br>Signature | _____<br>Date |