REQUEST FOR CLASSIFICATION

PROCESS AND FORM COMPLETION CHECKLIST

**ENSURE ALL BOXES ARE CHECKED BEFORE SENDING THE FORMS**

**TO** [**classification@archery.org**](mailto: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