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