



INDIAN BLIND SPORTS ASSOCIATION



EVENT _____

DATE _____

ENTRY SPORT CLASS NEW REVIEW PROTEST

ENTRY SPORT CLASS B-1 B-2 B-3 NE CNC

ATHLETE INFORMATION

FULL NAME _____ AGE _____ M/F

FATHER'S NAME _____ DATE OF BIRTH _____

AADHAR CARD No. _____

VOTER ID CARD NUMBER _____

PLACE OF RESIDENCE _____

STATE _____

CLASSIFICATION DECISION	:	B-1 <input type="checkbox"/>	B-2 <input type="checkbox"/>	B-3 <input type="checkbox"/>	NE <input type="checkbox"/>	CNC <input type="checkbox"/>
SPORT CLASS STATUS	:	CONFIRMED <input type="checkbox"/>			REVIEW 2 YEARS <input type="checkbox"/>	
	:	REVIEW <input type="checkbox"/>			REVIEW 4 YEARS <input type="checkbox"/>	

COACH/INSTITUTION _____

YEARS IN COMPETITION _____

TYPE OF SPORT _____

NUMBER OF COMPETITIONS IN 5 YEARS _____

STATE _____

ZONAL/INTERSTATE _____ NATIONAL _____

INTERNATIONAL _____



INDIAN BLIND SPORTS ASSOCIATION



MEDICAL FORM

MEDICAL DIAGNOSIS

PROGRESSIVE:

AGE AT 1ST DIAGNOSED:

OPTICAL AIDS USED (SPEC, CONTACT LENSES):

DURG HISTORY:

MEDICAL CERTIFICATE:

VISUAL ACUITY	RIGHT EYE	LEFT EYE
SNELLEN		
LOG MAR		
WITH TRIAL LENSES		
VISUAL FIELD RADIUS IN DEGREES		
ANTERIOR SEGMENT AND FUNDUS		
IOP		

SPECIAL COMMENTS IF ANY

SIGNATURE OF EXAMINER - _____

DESIGNATION OF EXAMINER - _____

SIGNATURE OF CLASSIFIER - _____

1. I agree to undergo the Athlete Evaluation process detailed in the IPC Athletics Classification Rules and Regulations and administered by a designated IPC Athletics Classification Panel. 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
2. I understand that I have to comply with the request made by the classification Panel. This includes providing sufficient documentation so as to allow a classification Panel to determine whether I comply with the eligibility requirements for IPC Athletics. I 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.
3. I understand that Athlete Evaluation requires me to give my best effort, and that any international Misrepresentation of my skills, abilities and / or the degree of my Impairment during Athlete Evaluation may result in me facing disciplinary action (see IPC International Misrepresentation Rules in the IPC Handbook, Section 2, Chapter 1.3).
4. 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 process as defined in the Classification Regulations.
5. I agree to be videotaped and photographed during the Athlete Evaluation process and that this may include my activity on and off the field of play during the Competition.
6. I agree and consent to IPC Athletics processing my personal data in any format including my full name, country, date of birth, sport, Sport Class, Sport Class Status and relevant medical information. I agree and consent to my name, Country and Sport Class and Sport Class Status being published by IPC Athletics and shared with third parties such as Competition Organisers.

I wish to assist IPC Athletics in developing the Classification system and therefore allow my data collected during athlete Evaluation and video material recorded during training and competition to be used for research and educational purpose by IPC Athletics. I understand that I may withdraw this consent at any time.

Name of the Athlete

Signature

Date

Parent/Guardian*(under 18 yrs)

Signature

Date