



ATHLETICS CLASSIFICATION

The Australian Paralympic Committee is conducting a classification day for athletes with a physical disability in the Mid North Coast area wishing to be classified for Athletics.

Following the classification day athletes will have a National Classification enabling them to compete up to and including National Championships. Generally athletes who attend this day will compete in AWD events at school carnivals or club events.

Who can attend?

Anyone with a physical disability wishing to compete in athletics events against other athletes with a disability.

Date: Saturday 20th August 2011.
Times are available between 9am – 4pm.

Location: Coffs Harbour War Memorial Olympic Pool
Cnr Coff and Gordon Streets
Coffs Harbour NSW 2450

Cost: There is no cost involved.

Registration: Bookings are required in advance.
Please complete a request for athlete classification and contact Kara Retford to arrange an appointment:

Kara Retford
Australian Paralympic Committee
Phone: 02 9704 0531
Fax: 02 9704 0589
Email: kara.retford@paralympic.org.au

What do I need to wear?

You need to wear comfortable clothes, preferably close fitting shorts and singlet, so the classifiers can observe your movement properly.

What do I need to bring?

If you have cerebral palsy or any other disorder relating to the brain, you need to bring a letter or report from your treating neurologist stating your diagnosis, and what the physical signs are (spasticity, ataxia, abnormal reflexes, paralysis).

If you have any other physical disability you should bring a letter from your treating doctor stating what the disability is.

Classification takes between 45 - 60 minutes, but may take longer.

Classification sessions are limited, book early to avoid disappointment.

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Request for Athlete Classification

Athlete Personal Details	
Surname:	First Name:
Date of Birth: ___/___/_____	Age:
Address:	
Suburb:	
State:	Postcode:
Phone (h)	Phone (mob):
E-mail:	
Previous Classification: Yes No Please list: _____	

For Junior Athletes	
Name of School:	Year:
Contact at School:	
Phone	E-mail:

Parent or Guardian (if under 18)	
Surname:	First Name:
Relationship to Athlete:	
Phone (mob):	E-mail:

Disability Information*	
Diagnosis (primary):	
Date of Onset:	Cause of Onset:
Description of functional impairment / disability:	
Other Disabilities / impairments:	

*please note you will be required to bring medical documentation to the classification session which outlines your diagnosis

Sport details	
How long involved in this sport?	
Number of training sessions / week	
Club	
Coach	
Please list any other sport(s) you would like to be classified for	

Please return this form to Kara Retford
Email kara.retford@paralympic.org.au or fax to 9704 0589

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