

CONSENT FOR CLASSIFICATION

1. I agree to undergo the Athlete Evaluation process detailed in the BISFed Classification Rules and administered by the designated BISFed Classification Panel. I understand that this process may require me to participate in sport-like exercises and activities which include me being observed in competition. I understand that there is a risk of injury in participating in excercises, activities and tests and I agree that the Classifiers cannot be held liable for any pain, injury or suffering I may experience in the course of the test. I confirm that I am healthy enough to participate in Athlete Evaluation, I understand I may be required to undergo Athlete Evaluation on more than one occasion
2. I understand that I have to comply with the requests 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 BISFed. I understand that if I fail to comply with any such request, the Athlete Evaluation may be suspended without a Sport Class being allocated to me and therefore I will not be allowed to compete at BISFed Competitions until a Sport Class is allocated to me.
3. I also understand that Athlete Evaluation requires me to give my best effort and cooperate with the classification panel. Failure to do so, any misrepresentation of my skills, abilities and/ or the degree of my Impairment during Ahtlete Evaluation may result in me facing disciplinary action by BISFed and could also lead to my disqualification from BISFed competitions. (refer to BISFed Classification Rules 2.12-2.16)
4. If cooperation with the classification is impaired by pain, the classification will be discontinued and therefore I will be ineligible to compete at the competition. I understand that every attempt will be made to minimize discomfort, but that the Classifiers cannot be held liable for any pain/suffering caused by the testing.
5. I understand that Athlete Evaluation is a judgment process and will agree to abide by the judgment of the classification panel. If I do not agree with the results of the classification panel I agree to abide by the protest and appeals process as defined in the BISFed Classification Rules.
6. I agree to be videotaped and photographed during the classification process, including my activity on and off the field of play during the competition
7. I agree and consent to BISFed collating and processing my personal data in whatever format it may choose, including my full name, country, Date of Birth, Sport Class and Sport Class Status and relevant medical information. I agree and consent to my Name, date of birth, Country, Sport Class and Sport Class Status being published on the BISFed website.

Please tick as appropriate:

- I wish to assist BISFed in developing the Classification system and therefore allow my data collected during Athlete Evaluation and video material recorded to be used for research and educational purposes by BISFed. I understand that I may withdraw this consent in writing at any time.
- I agree to BISFed providing details of my Athlete Evaluation to my National Federation if requested.

Name:		D.O.B:	
Have you ever applied for Classification Previously		<input type="checkbox"/> YES <input type="checkbox"/> NO	
If Yes, where?		Date:	Class:
Signature of Athlete/Guardian/ other responsible person:			
Print Name :		Date:	

The allocation of a Boccia Class and classification under BISFed rules does not mean that the athlete's health is considered good enough to take part in sport. The athlete's own medical officer should be consulted if the health and condition are in doubt.