

Updated January 2021

Family name(s)	First name(s)	Team

Date of birth	Gender	Nationality

Address

Telephone (home)	Telephone (work)	Telephone (mobile/cell)

E-mail	Fax

Event where classification last occurred	Date

Authorised recipient(s) of classification information	Designation/role

Declaration:

I consent to the release of information held by the IWRF relating to my classification evaluation to the designated recipients listed above.

Note: Due the confidential nature of this information, classification documentation will only be released directly to the athlete, when the request is made by mail or electronically. Information may be released to an authorised team representative if requested during an IWRF event only.

Athlete signature

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Witness/guardian/coach/team representative signature (if athlete is a minor)

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Date

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