

| REGISTRATION F | HFFI CHAIR I | RASKETRALI | ΡΙΔΥFRS |
|-----------------------|--------------|------------|----------------|
| NEUISINATION F | | DAJKLIDALI | |

This form must be completed in full by a Medical or paramedical person and/or International Classifier, person responsible for Classification and sent to IWBF.

| PLAYER | INFORM | ATION: | | | | | | |
|--|--------------|-----------|------------------------------------|-------------------|--------|--------|---------------|--|
| Last Nam | ie: | | | | | | | |
| First Nan | ne: | | | | | | | |
| Date of b | oirth (DD/N | MM/YYYY): | | | | | | |
| National | ity: | | | | | | | |
| Gender: | | | Male | 9: | | Fen | nale: | |
| PERMA | NENT HE | ALTH CONI | DITION | & RESULTING II | MPAIRI | MEN | T: | |
| | | | Health | Condition / Dia | gnosis | | | |
| | | | | | | | | |
| Resulting impairment | | | | | | | | |
| Ataxia | | | | Athetosis | | | Hypertonia | |
| Limb def | iciency / lo | oss | | Leg length differ | ence | | | |
| Impaired muscle power | | | Impaired passive range of movement | | | | | |
| Medical condition is | | | | | | | | |
| Permane | nt | | | Stable | | | Progressive | |
| Year of o | nset: | | | | Co | ongeni | ital (birth): | |
| Chronology of Health Condition | | | | | | | | |
| I can confirm that the above information is accurate | | | | | | | | |
| Name: | | | | 11 | | | | |
| Date: | | | | Signature | | | | |

International Wheelchair Basketball Federation **IWBF** c/o FIBA Route Suisse 5 – P.o. Box 29 1295 Mies - Switzerland



| TO BE FILLED IN BY CLASSIFIER | | | | | | |
|--|-------------------|--|--------------|--|--|--|
| Proposed | d Classification: | | Proposed by: | | | |
| I can confirm that the information above is accurate | | | | | | |
| Name: | | | | | | |
| Date: | | | Signature | | | |

RATIONALE FOR PROPOSED CLASSIFICATION:

I, as a participant in an International Wheelchair Basketball Federation authorized or recognized event, hereby acknowledge and agree to the following:

- 1. I consent to the use by IWBF of photographs and videos taken of me during IWBF competitions.
- 2. I certify that the information provided is correct.
- 3. If necessary, to complete my classification, I consent to a private physical assessment by members of the tournament classification panel

Signature (or, if a minor, signature of legal guardian)

Date

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