

Application for Classification

If you are a sailor with a physical disability and interested in obtaining a national classification in sailing, please complete this form to the best of your ability and return to Yachting New Zealand. We will notify you of when your time is scheduled for. Payment of \$25.00 is required to hold your booking and issue status.

Full Name:	
Postal Address:	
City:	Post Code:
Phone: ()	Mobile:
Email:	Gender:
Nationality:	Classes sailed:
Date of Birth: (dd/mm/yyyy)	Classification Date:
Yacht Club/Organisation:	

Sailor's Designated Coach and Family Doctor

Coach	Family Doctor
Name:	Name:
Address:	Address:
Phone:	Phone:
Email:	Email:

NOTE: Sailors with a visual impairment also need to have an additional form completed by a registered ophthalmologist prior to classification. It should not be returned with this application, but taken along to the scheduled classification by the applicant.

Do you require an Ophthalmologist's form? YES NO

**Payment - \$25.00**

Card Number:	Expiry Date:
Name on Card:	CVC:
Signature:	OR <input type="checkbox"/> Cheque enclosed (please tick)

Declaration

I agree to accurately declare and describe my condition and demonstrate and perform all tests to the best of my ability for the purpose of classification. I understand that failure to cooperate or to complete the classification process may be subject to sanctions under part A, Section 4 of the IFDS Functional Classification System. My medical condition is stable and to my knowledge I am fit for classification. I will not hold the classifier/s responsible for any injury, pain or suffering which may occur as a result of the conduct of their examination or other duties of the classification. I consent to the disclosure of information relating to my function and performance by my designated coach/s and/or family doctor and/or other consultant/s. I consent to being videotaped or photographed at any time should the classifiers deem necessary. If, in the future, my disability or my adaptations change, I shall declare this to the Event Classification Committee when I next compete in an ISAF/IFDS sanctioned event.

I understand that my Classification Status may be published on the Yachting New Zealand website, and once publicly available, may also be republished or circulated by other parties outside the control of Yachting New Zealand.

Sailor's Signature _____

Date / /

Witness Signature _____

Date / /

Name _____