*Request for Athlete Classification*

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| **Athlete Personal Details**  |
| Surname: | First Name: |
| Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_\_\_ | Age: |
| Address: |  |
| Suburb:  |  |
| State: | Postcode: |
| Phone (h) | Phone (m): |
| E-mail: |
| Previous Classification: Yes No Please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Cycling Club: Yes No Please list:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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

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| **Physical Impairment Information\*** |
| Diagnosis (primary): |
| Date of Onset: | Cause of Onset: |
| Description of functional impairment / disability: |
| How does your impairment affect your cycling? |

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

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| **Sport details** |

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| How long involved in cycling? |  |
| Number of training sessions / week  |  |
| Club  |  |
| Coach |  |

 **Please return this form to Keren.faulkner@auscycling.org.au**