*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](mailto:Keren.faulkner@auscycling.org.au)**