

Preferred family name(s)	Preferred given 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

Intended recipient(s) of classification information	Designation/role

**Declaration**

I consent to the disclosure of information relating to my classification examination to the designated recipient(s) as listed above.

**Note:** Due the confidential nature of this information, classification documentation will only be released directly to the athlete, when requested by mail or electronically.

**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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