



Classification Expression of Interest

Classification Date: ___/___/_____

Classification Location: _____

Athlete Personal Details	
Surname:	First Name:
Date of Birth: ___/___/_____	Age:
Address:	
Suburb:	
State:	Postcode:
Phone (h)	Phone (mob):
E-mail:	

For Junior Athletes	
Name of School:	Year:
Contact at School:	
Phone	E-mail:

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

Disability Information*	
Diagnosis (primary):	
Date of Onset:	Cause of Onset:
Description of functional impairment / disability:	
Other Disabilities / impairments:	

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

Sport details	
How long involved in this sport?	
Number of training sessions / week	
Club	
Coach	
How does the disability limit you in this sport?	
Please list any other sport(s) you would like to be classified for	

Please return this form to Anna Muldoon, Australian Paralympic Committee
Email: anna.muldoon@paralympic.org.au Fax: 9746 0189

CLASSIFICATION