|  |  |  |
| --- | --- | --- |
| **Athlete Details** | | |
| Surname: | First Name: | |
| Address: | | |
| Suburb: | State: | Postcode: |
| Phone: | | |
| E-mail: | | |
| Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_\_\_ | Gender: M / F | |

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| **Classification Summary (Classifier must complete):** | | | |
| **Sport** | **Badminton** | | |
| **Class** | **€ Eligible**: Class: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **€ Not Eligible (NE)** \*  € 1st Evaluation € 2nd Evaluation | | |
| **€ Classification not completed**  Due to Athlete withdrawal from process (e.g. pain or otherwise)  Athlete not fully prepared for classification process  Non co-operation, misrepresentation or failure to attend | | |
| **Status** | € Review  € Review Fixed Date: Year of Review \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  € Confirmed | | |
| **If Review status is allocated indicate reason:** | € Maturity (Skeletal)  € Maturity (Training)  € Progressive condition  € Fluctuating condition  € Recent injury  € Borderline classification  € Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| **Diagnosis** |  | | |
| **Impairment Type** | Hypertonia Ataxia Athetosis  Limb Deficiency Impaired passive range of movement  Impaired muscle power Leg Length Difference Short Stature | | |
| **Event** |  | | |
| **Classifiers (Print Name)** |  |  |  |

**Note** \*NE evaluations.1st evaluation is allocated review status; 2nd evaluation is allocated confirmed status

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| **Office Use Only**  🞎 Consent Form signed  🞎 Athlete provided with copy of this result sheet on \_\_\_/\_\_\_/\_\_\_\_\_  🞎 Entered on Masterlist on \_\_\_/\_\_\_/\_\_\_\_\_ |

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print full athlete name) agree to undergo the national classification process detailed in the Badminton Australia Classification Rules and Regulations and administered by Badminton Australia.

I understand that:

* Classification is a process that requires me to answer a series of questions about my activity limitation and training; complete activities and sport skills; and may require me to be observed during competition.
* There is a risk of injury in participating in sports-like exercises and activities and confirm that I am healthy enough to participate in the classification evaluation.
* Classification requires me to give my best effort at all times.
* Should I not be able to complete the classification fully due to pain, injury or other reason, my classification may not be able to be completed.
* Classifiers require sufficient medical documentation to complete my classification
* National classification is for the purposes of Australian domestic competition.
* International competition requires an International classification. Any classification changes supersede any national classification.

I agree to:

* Release Badminton Australia, the APC and their respective executive members, directors, officers, employees, volunteers, contractors or agents, from any liability (to the extent permitted by law) for any loss, injury or damage suffered by me in relation to the collection of my Personal Data and/or my participation in Athlete Evaluation.
* Hold Badminton Australia and the classifiers blameless if I am injured during the course of this classification process
* Comply with the requests made by the classification panel. This includes providing sufficient medical documentation as to allow a classification panel to determine whether I comply with the eligibility requirements as outlined in the classification rules for my sport
* Answer all questions fully, truthfully and to the best of my knowledge.
* Attempt all activities to the best of my abilities and that any intentional misrepresentation of skills, abilities and/or the nature and/or degree of impairment may result in termination of the classification process and/or disciplinary action.
* Advise Badminton Australia should I have a change in my impairment following my classification assessment through a medical review process. Failure to do so may be considered as intentional misrepresentation.

I agree and consent to:

* Be filmed and/or photographed during the classification process.
* My personal and classification data being processed and stored in any format by Badminton Australia as required for classification purposes.
* My classification being completed including:
* My classification data including supporting documentation will be stored in a confidential database.
* Relevant information about my classification may be shared with third parties for the purposes of classification only (including but not limited to classifiers, APC and National Federation Classification personnel, International Federation classification personnel)
* My name, state, year of birth, class and status will be made publicly available on the Badminton Australia website.

I understand that, as an athlete, I have the following rights during classification:

**The right to withdraw**

My participation in the classification process is voluntary and I have the right to withdraw from the classification process at any time. Signing this form does not change my right to withdraw at any time. I understand that if I withdraw from the classification process I will not be able to be classified and will not be able to compete in Para-sport competitions

**The right to respect and confidentiality**

Evaluations will be conducted respectfully, and information obtained during the classification process will be treated confidentially.

**The right to access my personal and classification data**

I have a right to access and correct the Personal and Classification Data that Badminton Australia holds about me under data protection law by contacting Badminton Australia.

I have the right to request a copy of the classification data held by Badminton Australia.

My eligibility to participate in the sport of Badminton is contingent on my voluntary participation in Athlete Evaluation so that a Sport Class can be allocated to me. I may withdraw my agreement to Badminton Australia processing and storing my Personal & Classification Data at any time. I understand that the withdrawal of my agreement to the processing and storing of my Personal & Classification Data will result in me being ineligible to participate in the sport of Badminton.

**The right to challenge a classification decision or process**

Any dispute, such as protest or appeal, should be done through the appropriate channels in line with the classification rules.

􀀀 I allow my classification data and any filming or photographs collected during the classification process to be used for research and educational purposes by my sport. I understand that I may withdraw this consent at any time.

|  |  |
| --- | --- |
| Athlete Name |  |
| Athlete Signature |  |
| Date |  |

**Mandatory where athlete is under 18 years of age or lacks legal capacity:**

|  |  |
| --- | --- |
| Parent/Guardian Name |  |
| Parent/Guardian Signature |  |
| Date: |  |

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| **PART 1: CLASSIFICATION INFORMATION** | | | | | | | | | | | |
| **1.1: Athlete Information** | | | | | | | | | | | |
| **Family Name** |  | | | | | | | | | | |
| **Given Name** |  | | | | | | | | | | |
| **Date of Birth** |  | | | | | **Age** | | |  | | |
| **State** |  | | | | | | | | | | |
| **1.2: Competitive Playing Experience** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **1.3: Medical Information** | | | | | | | | | | | |
| **Impairment Type(s)** | | | | | | | | | | | |
| Impaired Muscle Power | | | Impaired passive range of movement | | | | Limb deficiency | | | | None |
| Ataxia | | | Athetosis | | | | Hypertonia | | | |  |
| Short Stature | | | Leg Length Difference | | | |  | | | |  |
| **Detailed description of impairment(s) and health condition(s)** | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Supporting Medical Documentation Yes No | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **PART 2: PHYSICAL ASSESSMENT** | | | | | | | | | | | |
| **2.1 Spinal Cord Injury:** | | | | | | | | | | | |
| Motor Level Incomplete Complete below \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| Sensory Level Incomplete Complete below \_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **Trunk Balance:** | | | | | | | | | | | |
| Flexion | | Good | | | Fair | | | | | Poor | |
| Extension | | Good | | | Fair | | | | | Poor | |
| Side Flexion Right | | Good | | | Fair | | | | | Poor | |
| Side Flexion Left | | Good | | | Fair | | | | | Poor | |
| Rotation Right | | Good | | | Fair | | | | | Poor | |
| Rotation Left | | Good | | | Fair | | | | | Poor | |
|  | | | | | | | | | | | |
| **2.2 Neurological** | | | | | | | | | | | |
| Dyscoordination Yes No | | | | | | | | | | | |
| Spasticity Yes No Right Left | | | | | | | | | | | |
| Upper Limb Grade: | | | | | | | | | | | |
| Lower Limb Grade: | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **2.3 Limb Deficiency** | | | | | | | | | | | |
| Affected Upper Limb(s): LEFT/RIGHT | | | | | | | | | | | |
| Affected Lower Limb(s): LEFT/RIGHT | | | | | | | | | | | |
| **2.3 Short Stature Yes No** | | | | | | | | | | | |
| Height: | | | | Arm Length: | | | | Sum: | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **2.4 Muscle Strength and Passive Range of Movement Testing** | | | | | | | |
|  | | **MUSCULAR STRENGTH** | | | | **PROM** | |
| **UPPER LIMBS** | | **RIGHT** | **LEFT** | | | **RIGHT** | **LEFT** |
| Shoulder Abduction | |  |  | | |  |  |
| Forward Flexion | |  |  | | |  |  |
| Extension | |  |  | | |  |  |
| Horizontal Extension | |  |  | | |  |  |
| External Rotation | |  |  | | |  |  |
| Internal Rotation | |  |  | | |  |  |
| Elbow Extension | |  |  | | |  |  |
| Elbow Flexion | |  |  | | |  |  |
| Wrist Flexion | |  |  | | |  |  |
| Wrist Extension | |  |  | | |  |  |
| Finger 2-5 MCP Flexion | |  |  | | |  |  |
| Finger 2-5 MCP Extension | |  |  | | |  |  |
| **No. of Criteria Filled** | |  |  | | |  |  |
|  | | | | | | | |
|  | | **MUSCULAR STRENGTH** | | | | **PROM** | |
| **LOWER LIMBS** | | **RIGHT** | **LEFT** | | | **RIGHT** | **LEFT** |
| Hip Flexion | |  |  | | |  |  |
| Extension | |  |  | | |  |  |
| Abduction | |  |  | | |  |  |
| Adduction | |  |  | | |  |  |
| Knee Flexion | |  |  | | |  |  |
| Knee Extension | |  |  | | |  |  |
| Ankle Dorsiflexion | |  |  | | |  |  |
| Ankle Plantar flexion | |  |  | | |  |  |
| **No. of Criteria Filled** | |  |  | | |  |  |
|  | | | | | | | |
| **NOTES:** | | | | | | | |
| **PART 3: TECHNICAL / GAME OBSERVATION ASSESSMENT** | | | | | | | |
| **Movements** | | **Score (1 – 5)** | | | | | |
| **TEST** | | | **GAME** | | |
| Forecourt Forehand | |  | | |  | | |
| Forecourt Backhand | |  | | |  | | |
| Backcourt Forehand | |  | | |  | | |
| Backcourt Backhand | |  | | |  | | |
| Side Stepping to Right | |  | | |  | | |
| Side Stepping to Left | |  | | |  | | |
| Forward Run | |  | | |  | | |
| Reverse Run | |  | | |  | | |
| Jump on Right Leg | |  | | |  | | |
| Jump on Left Leg | |  | | |  | | |
| **TOTAL SCORE** | | **TEST =** | | | **GAME =** | | |
| **NOTES: 1=Very Difficult, 2=Difficult, 3=Sometimes Easy, Sometimes Difficult, 4=Easy, 5=Very Easy** | | | | | | | |
|  | | | | | | | |
| **OBSERVATION DURING COMPETITION** | | | | | | | |
| **EVENT:** | | | | | | | |
| **CLASSIFIER:** | | | | | | | |
| **COMMENTS:** | | | | | | | |
|  | | | | | | | |
| **PART 4: CLASSIFICATION DECISION** | | | | | | | |
| **SPORT CLASS** | |  | | | | | |
| **CLASSIFICATION STATUS** | | **Review Review Fixed Date / Year \_\_\_\_\_\_\_ Confirmed** | | | | | |
|  | | | | | | | |
| **PART 5: CLASSIFICATION VERIFICATION** | | | | | | | |
| **CLASSIFIER 1** | | | **CLASSIFIER 2** | | | | |
| **Name** |  | | **Name** |  | | | |
| **Signature** |  | | **Signature** |  | | | |
|  | | | | | | | |
| **PART 6: ATHLETE DECLARATION** | | | | | | | |
| *Signature indicates that the athlete has been duly informed about their sport class and status assigned by the panel, and*  *that the information provided by the athlete was correct.* | | | | | | | |
| **Classification Location** | |  | | | | | |
| **Classification Date / Time** | |  | | | | | |
| **Name** | |  | | | | | |
| **Signature** | |  | | | | | |