

Athlete Evaluation Form Agreement

I wish to undergo the Athlete Evaluation process detailed in the World Wheelchair Rugby Classification Rules and administered by World Wheelchair Rugby. I understand that this tournament is not a World Wheelchair Rugby sanctioned event and thereby does not have a full classification panel. I understand that this means that a volunteer classifier will attempt to give me an estimate of my class. By signing this consent form, I understand the following:

- I will participate in a Physical assessment and participation in sport-like exercises and activities which may include me being observed whilst competing. I understand that there is a risk of injury in participating in exercises and activities. I confirm that I am healthy enough to participate in Athlete Evaluation.
- This process is not a full classification as it will be performed by one classifier vs a full panel of three classifiers.
- Certain components of classification may be omitted as they require more then one classifier to perform.
- This is an *approximation* of the classification you may receive by a full panel. Your classification could go up, down or stay the same when fully completed by a panel.
- This classification estimate is being done on a volunteer basis to help you understand what to expect when you receive a full classification at Nationals.
- This classification estimate is not mandatory. You, the athlete, are consenting to receive this estimate on your own free will. You may withdraw your participation in this process at any time.
- I acknowledge and accept that the intent of this evaluation is to provide a provisional classification for the athlete to utilize during domestic play until the athlete can be seen by a full panel.

Athlete Name:	DOB:
Signature:	Date:
*Parent/Guardian Name:	
Signature:	Date:
Classifier Name:	Date:
Classifier Signature:	Date:

Please email a fully completed copy of this document to info@wheelchairrugby.ca.

*If the athlete is a minor, they are not required to sign this agreement but should still state there name and DOB. A Parent or guardian signature would be required.