



# WRC RELEASE OF CLASSIFICATION INFORMATION FORM

Last Name

First Name

Gender

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Preferred name(s) if different from above

Date of birth

Team

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Address


E-mail

Telephone (mobile/cell)

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Event where classification last occurred

Date

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Intended recipient(s) of classification information

Designation/role

Wheelchair Rugby Canada

National Sport Organization

**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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