

**IHF WHEELCHAIR HANDBALL CLASSIFICATION - REGISTRATION FORM**

This registration form contains three parts (three pages) and must be completed in English.

Part 1 must be completed and signed by a medical or paramedical professional.

Part 2 must be completed and signed by a national classifier or IHF Classifier.

Part 3 must be signed by the player him/herself.

The complete form (three pages) must be sent to the IHF by the National Federation once fully completed and signed.

**PART 1 - DIAGNOSTIC INFORMATION** (to be filled in and signed by a healthcare professional)**PLAYER INFORMATION**

Last name:	First name:	Date of birth (DD/MM/YYYY):
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Nationality:	Gender: Male Female
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**PERMANENT HEALTH CONDITION**

Health condition / diagnosis:

Medical condition is: ☐ Permanent ☐ Stable ☐ Progressive  
☐ Congenital ☐ Year of onset: \_\_\_\_\_

Chronology of health condition:

**RESULTING IMPAIRMENT**

<input type="checkbox"/> Impaired Muscle Power Spinal cord lesion height: Th____ / L____ (spina bifida, polio, _____)	<input type="checkbox"/> Impaired Passive Range of Movement (arthrogryposis, _____)
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<input type="checkbox"/> Lower limb amputation / deficiency: below knee: <input type="checkbox"/> above knee: <input type="checkbox"/>	<input type="checkbox"/> Leg length difference: _____cm
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<input type="checkbox"/> Ataxia	<input type="checkbox"/> Dyskinesia (athetosis, dystonia, chorea)	<input type="checkbox"/> Hypertonia
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**SIGNATURE** of healthcare professional

I confirm that the above information is complete and correct ☐

Name:	Profession:	Date:
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Signature / stamp:

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### PART 2 - CLASSIFICATION INFORMATION

(to be filled in and signed by a national classifier or IHF Classifier)

Proposed Sport Class (1 to 4):

Rationale for proposed classification:

**SIGNATURE** of the IHF Classifier

I confirm that the above information is complete and correct

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Name:

Date:

Signature / stamp:

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### PART 3 – CONSENT FORM (to be filled in and signed by the player)

- (i) I agree to undergo the player evaluation process detailed in the IHF Wheelchair Handball Classification Rules and Regulations and administered by the designated IHF classification panel. I understand that this classification process will require me to participate in sport-like exercises and activities which include me being observed whilst competing. I understand that there is a risk of injury in participating in exercises and activities and that I am healthy enough to do so. I also agree that if I am injured during the process of this classification process that I will hold IHF and the classifiers blameless.
- (ii) I understand that I must comply with the requests made by the classification panel. This includes providing sufficient documentation to allow a classification panel to determine whether I comply with the eligibility requirements for wheelchair handball. I understand that if I fail to comply with any such request, the player evaluation may be suspended without a Sport Class being allocated to me.
- (iii) I understand that player evaluation requires me to give my best effort, and that any intentional misrepresentation of my skills, abilities and/or the degree of my impairment during player evaluation may result in me facing disciplinary actions. I also understand that discrepancies between the performances I demonstrate during the classification process and the performances I demonstrate during competition could also lead to my disqualification from IHF wheelchair handball competitions.
- (iv) I understand that player evaluation is a judgement process and I agree to abide by the judgment of the classification panel. I agree to be videotaped and photographed during the player evaluation process and that this may include my activity on and off the field of play during the competition.
- (v) I agree and consent to the IHF processing my personal data in any format, including my full name, country, date of birth, sport class and sport class status being published by the IHF and shared with third parties such as competition organisers.
- (vi) I wish to assist the IHF in developing the classification system and therefore allow my data to be collected during player evaluation and video/photo material recorded during training and competition to be used for research and educational purposes by the IHF. I understand that I may withdraw this consent at any time.

**SIGNATURE** of the player and parent / guardian if the player is under 18 years of age.

I unreservedly accept the above information ☐

Name of the player:

Date:

Signature of the player:

Signature of the parent / guardian: