

### *Consent for Classification*

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**I understand that I am applying for classification as a Boccia player and I agree to undergo the classification process as outlined in the BISFed Classification Manual and administered by the designated BISFed classification team. The resulting classification is subject to review at any time particularly with certain diagnoses known to be variable in presentation.**

I understand that this classification process will require me to participate in sport-like exercises and activities. 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 understand that to perform the medical test, the Boccia Classifiers must examine all movements and muscle groups. I agree to undertake these tests, and I agree that the Classifiers can not be held liable for any pain, injury and suffering I may experience in the course of the test.

I also understand that classification requires me to give my best effort and cooperate with the classification team, and that failure to do so or failure to complete a classification will lead to ineligibility and disqualification from BISFed competitions. I also understand that discrepancies between the performances that I demonstrate during the classification process and demonstrate during competition could also lead to my disqualification from BISFed competitions.

If cooperation with the classification is impaired by pain, the classification will be discontinued and therefore I will be ineligible to compete at the competition. I understand that every attempt will be made to minimize discomfort, but that the Classifiers can not be held liable for any pain and suffering caused by the testing.

I agree to abide by the above and understand that classification is a judgment process and will agree to abide by the judgment of the classification panel. If I do not agree with the results of the classification panel I agree to abide by the protest and appeals process as defined in the Classification Manual.

I agree to be videotaped and photographed during the classification process, including my activity on and off the field of play during the competition. I understand these pictures may be used for educational purposes.

I agree and consent to BISFed collating and retaining my personal data in whatever format it may choose, including my full Name, Date of Birth, Diagnosis and results of assessment, Sport Class and Sport Class Status, and agree and consent to my Name, Country, Sport Class and Sport Class Status being published on the BISFed website.

I.....wish to be classified for BISFed competitions. (PLEASE PRINT FULL NAME)

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**Signature of player**

.....  
**Date**

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**Witness, Signature of guardian/manager/coach**

**The allocation of a Boccia Class and classification under BISFed rules does not mean that the athlete's health is considered good enough to take part in sport. The athlete's own medical officer should be consulted if the health and condition are in doubt.**