PARA VA'A COMPREHENSIVE CLASSIFICATION

APPLICATION & CONSENT FORM

IMPORTANT INSTRUCTIONS:

All sections of this form must be completed entirely in **English**.

For a paddler to be eligible to compete in IVF events, the paddler must undergo official classification under the IVF classification guidelines.

SECTION 1: PADDLER PERSONAL DETAILS (To be completed by paddler)

Family Name (Last Name as per passport): _____

Given Name (First Name as per passport): _____

Preferred Name (to be called by): _____

Date of Birth (MM/DD/YYYY): _____ / _____ / _____

Sex: ☐ Male (M) ☐ Female (F)

Paddler Home Address: _____

Country of Residence: _____

IVF Member Federation: _____

IVF ID Number*: _____

*Check with your area coordinator. Leave blank if unknown.

SECTION 2: REQUIRED DOCUMENTATION CHECKLIST

Please attach the following official documentation as appropriate to this application form:

[ ] **IVF Para Va'a Vision Qualification Form** — Must be signed by an Ophthalmologist or Optometrist.

[ ] **IVF Para Va'a Comprehensive Paddler Medical Diagnosis Form** — Must be signed by a licensed medical doctor.

[ ] Supporting documents

SECTION 3: CLASSIFICATION PROCESS, CONSENT & INDEMNITY AGREEMENT

The classification process will be conducted with all due care to limit any discomfort to individual paddlers. However, failure to complete the classification process, regardless of discomfort, will result in the paddler not being classified and therefore not being eligible to compete in IVF events. Failure to cooperate with the classifiers or failure to complete the classification procedure will lead to ineligibility to compete. The paddler may withdraw their consent at any time, but the process will then not be undertaken, and the paddler will not be classified and will also not be eligible to compete in IVF events. By signing this consent form, the paddler agrees to waive his/her rights to make any claim against the classifiers, IVF, or anyone who might then claim against the classifiers or the IVF for indemnification for any damages or claims of personal injury or any other claim arising from or in any way related to the classification procedure of the paddler. The paddler agrees to fully indemnify IVF and the classifiers should any claim be made against them in any way related to the classification of the paddler.

By signing below, the paddler, and the paddler's parent/legal guardian where appropriate, consenting that the paddler agrees to fully participate in the IVF Para Va'a eligibility criteria and classification procedures and processes, and completes all evaluations honestly to the best of his/her ability.

Research & Educational Material Release (Optional):

☐ **I wish** / ☐ **I do not wish** to assist the IVF in developing the classification system and therefore allow my data collected during paddler classification and video material recorded during training and competition to be used for research and educational purposes by the IVF. I understand that I may withdraw this consent at any time, and my data will be rendered anonymous.

SECTION 4: DATA PROTECTION & PRIVACY NOTICE

The International Va'a Federation (IVF) acts as the data controller for the personal and medical classification data collected on this form. The IVF will only use the information for the administration of Para Va'a classification, in accordance with IVF rules and applicable privacy laws. Your identity, contact, paddler profile, and highly sensitive documentation will be processed to manage registration, competition eligibility, and classification. This data may be shared with national member federations, classification panels, event organizers, and anti-doping authorities. Your data is protected by security measures and retained only as long as necessary for historical sporting records and compliance requirements.

Please tick the following:

☐ I have read, understood, and agree to the full IVF Data Privacy Policy available online and consent to the processing and international transfer of my personal and medical classification data for these purposes.

Paddler Family Name: _____

SECTION 5: SIGNATURES & AUTHORISATION

Paddler Name (Print): _____

Paddler Signature: _____

Date (MM/DD/YYYY): _____ / _____ / _____

Required if the paddler is under 18 years of age:

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____

Date (MM/DD/YYYY): _____ / _____ / _____

Witness Name (Print): _____

Witness Signature: _____

Date (MM/DD/YYYY): _____ / _____ / _____

FOR CLASSIFIERS USE ONLY

Testing Location: _____

Date (MM/DD/YYYY): _____ / _____ / _____

Diagnosis + Associated Diagnosis + Comments:

Impairment Checklist	Status	Details
☐ Physical impairment	Limb deficiency	Amputee R ☐ L ☐ Lower limb Level
		Amputee R ☐ L ☐ Upper Limb Level
		Congenital (please describe)
		Other (please describe)
	Loss of ROM and/ or Loss of muscle power	Spinal cord Injury Level Complete ☐ Incomplete ☐ Since
		Other (please describe)

Paddler Family Name: _____

Impairment Checklist	Status	Details
Visual Impairment ☐ (Both eyes must be affected)	Paralympic classification if known B1 ☐ B2 ☐ B3 ☐	Registered blind ☐ Registered partially sighted ☐ Since
Coordination Impairment	Hypertonicity (spasticity) ☐ Ataxia ☐ Dyskinesia (athetosis, chorea, dystonia)	Cerebral Palsy Hemi R ☐ L ☐ Diplegia ☐ Quadriplegia ☐ Monoplegia ☐
		Stroke R ☐ L ☐ Since
		Multiple Sclerosis ☐ Since Stable / Deteriorating / Fluctuating
		Other (please describe)
Intellectual Impairment	Associated condition eg Down's syndrome	IQ (if known)

Classifiers Comments:

Paddler Family Name: _____

_____
_____
_____
_____

Medical Classifier Name: _____ Signature: _____

Technical Classifier Name: _____ Signature: _____