



Classification

ADAPTIVE/PROTECTIVE EQUIPMENT APPROVAL REQUEST FORM

All requests for the Use of Adaptive/Protective Equipment for Covered Competitions must be submitted by the National Member Organization in writing for approval at least one (1) month before the Covered Competition in which the Athlete wishes to compete in, with a clear description and a minimum of 3 photos attached to this form. Additionally, if this request is being made for the use of a brace as Protective Equipment (equipment for protection and safety that reduces function), WPV may request signed medical documentation with rationale to support the use of the Protective equipment).

National Member Federation to complete ALL sections A, B, and C.

A. Athlete Information

Last (Family) Name:					
First Name:					
Date of Birth <i>dd/mm/yyyy</i> :	PVSAS #:		Gender:		
Sport Discipline:			National Member Organization:		
Competition Athlete next likely to attend:			Date of Competition:		
Has Athlete attended WPV classification?	Yes	No	Sport Class:	VS2 A Unknown	VS1 B C
Current Sport Class Status:	No status allocated yet	*New	Confirmed	Review	RFD

*New status can only be designated once Stage 1 (UHC Assessment) completed, reviewed by the UHC Assessor, and classifier has allocated "New" status to the Athlete.

B. Description of Equipment

This request for Equipment is for the Use of:	Adaptive Equipment	Protective Equipment
**Detailed Written Description of Equipment:		
How does equipment function during play?		
3 Photos attached (front, side views & fitted on Athlete) Evidence of medical need for Protective equipment attached (only if protective equipment used)		

C. Submitted by National Member Federation Representative:

I confirm that the above information is an accurate description of the Adaptive/Protective Equipment used on court by this Athlete.			
I also acknowledge that World ParaVolley must be notified (by way of a new equipment approval request form submitted) by the National Member Federation if the Athlete uses new or different adaptive equipment or if the equipment is modified in any way.			
Name:			
Role within National Member Federation:			
Phone:		Email:	
Date: <i>dd/mm/yyyy</i> :		Signature:	