

Wheelchair Curling Provisional Classification and Medical Diagnostics Form

Classification is an assessment process used in Para-Sport, to groups athletes whose disabilities (or impairments) cause similar limitations in their sport together for competition. Classification is not required for recreation or social involvement in Para-sport. Classification in Wheelchair Curling is open to athletes aged 18 and over.

This form can be used for:

- **Provisional level classification:** an entry level process that allows new athletes or athletes who do not have access to National level (face to face) classification to gain an indication of their eligibility and sport class; and
- **Medical Diagnostics Form:** Collecting the required Medical Information before attending National level (face to face) classification, where available.

Steps to Completing the Form

1. Athlete completes SECTION 1: Athlete details and consent

The athlete (or parent/guardian if under 18 year of age) completes the athlete details and agrees to the terms in the consent form in SECTION 1 (attached). If the athlete will be attending face to face classification with a representative that is not a parent/legal guardian, they **MUST** also sign the consent form.

2. Medical Doctor completes SECTION 2 and SECTION 3.

Athletes are to request their medical doctor to fill in SECTION 2, SECTION 3 and the Medical Professional Declaration.

SECTION 2: Medical Information is to be completed for ALL athletes.

SECTION 3: Medical Assessment is to be completed only for those athletes seeking a provisional classification.

If an athlete has difficulty accessing a Medical doctor to complete the form then:

- A medical report from within the last five years that states the diagnosis, medical history, medications and other information that is included on this form, this may be submitted in place of SECTION 2 of this form.
- This form may also be completed by a physiotherapist. However, a copy of a document, letter or report from a Medical Doctor that confirms their diagnosis is requested to also be submitted with the form.

3. Athlete to return this form to Curling Australia (CA) via

secretary@curling.org.au. Additional documentation may be attached to the email.

An athlete cannot be classified unless they present with all the information below, either by way of this form or updated medical report/s.

- Athletes seeking a Provisional level classification will be informed of the classification outcome via email. Please allow at least 2 months for this process to be completed.
- Athletes seeking a National level (face to face) classification will be contacted by CA with the required details to arrange a National level (face to face) classification appointment or with a request for additional documents if these are required.

SECTION 1: Athlete Details and Consent

Athlete Personal Details		
Surname:	First Name:	
Address:		
Suburb:	State:	Postcode:
Phone:		
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
Date of Birth:	Email:	

I wish to (tick which applies):

- ☐ Obtain a Provisional level classification: or
- ☐ Submit my Medical Diagnostics form so that I can attend a National level (face to face) classification.

Evaluation Consent Form (Athlete and guardian/representative to Complete)

I acknowledge the following:

- 1) I understand that this athlete evaluation process is for the purposes of entry level Australian domestic competition only. National level competition requires a full national level classification and international level competition requires an international classification. Any future classification outcomes may vary to and will supersede this outcome.
- 2) My consent covers the period from the point of signing this form through to completion of the provisional or national level classification process, whichever applies to me.
- 3) I understand that this process may require me to participate in sport-like exercises or other physical activities. I understand that there is a risk of injury in participating in such exercises and activities. I confirm that I am healthy enough to participate.
- 4) I understand and agree to provide medical diagnostic documentation to enable Curling Australia to determine whether I comply with the classification eligibility requirements outlined in the Curling Australia Classification Rules.
- 5) I understand that if I fail to comply with any request made by Curling Australia for the purposes of allocating to me a sport class then the process may be suspended without a class being allocated to me and therefore I may not be allowed to compete until a class is allocated to me.
- 6) I understand that classification requires me to give a truthful representation and demonstration of my skills, abilities and the degree and nature of my impairment. I understand that any intentional misrepresentation of my skills, abilities, nature or the degree of my impairment during or following the classification by me or my representative may result in me and/or my representative facing disciplinary action by Curling Australia.

- 7) I understand that classification is a judgment process. I agree to abide by the judgment of Curling Australia. If I do not agree with the decision of the classification panel, I agree to abide by the process outlined in the Curling Australia Classification Rules.
- 8) I, and my representative, agree to be videotaped, audio recorded and/or photographed during the Athlete Evaluation process by the classifiers or other appointed officials and that this may include my activity on and off the field of play during competition. I understand and acknowledge that any other photography, audio, or visual recording of the classification process by me or my representative is strictly prohibited.
- 9) I agree to advise Curling Australia should I have any change in impairment or medical intervention that may impact the class allocated to me following classification through the Medical Review process. I understand that failure to do so may be considered Intentional Misrepresentation.
- 10) I agree and consent to Curling Australia to collect, process and store my personal and classification data in any format for the sole purposes of classification, including my personal information, my sport class, sport class status, classification assessment documentation (including any videos or photographs) and medical documentation.
- 11) I understand that my classification data may be transferred to the relevant Curling Australia medical personnel, if upon review of my medical diagnostic information or throughout the athlete evaluation process, it is considered that my medical condition or the condition of others could be at risk if I participate in Wheelchair Curling.
- 12) Upon completion of classification, I understand and agree that:
- My classification data will be stored confidentially on Curling Australia owned or contracted server I have requested a classification for.
 - Relevant information about my classification may be shared with third parties for purposes of classification and to facilitate my participation in competitions (including Curling Australia classifiers and classification personnel, Paralympics Australia, World Curling and the IPC).
 - My name, year of birth, sex, state, sport class, and sport class status will be published by Curling Australia as a part of the Curling Australia Classification Masterlist on the Curling Australia website and shared with third parties such as competition organisers.
 - My personal data will not be used in any other way to which I provide express consent. It will not be kept beyond the purposes it is required, unless it is anonymised and/or there is a legal purpose for retaining it. It will be deleted when it is no longer required for classification purposes.
- 13) I understand that I have the following rights during classification:
- The right to withdraw**
My participation in the classification process is voluntary and I have the right to withdraw from the classification process at any time. I understand that if I withdraw from the classification process I will not be able to be classified and may no longer have a recognised sport class for Curling Australia competition.
- The right to safety**
I have the right to be treated with respect, dignity and be protected from bullying, discrimination, harassment or abuse.
- The right to challenge a classification decision or process**
The process for disputing any decision or process will follow the procedures outlined in the Curling Australia Classification Rules.

The right to my personal classification data

I understand I have the right to access any classification data held by Curling Australia. I have the right to request correction or deletion of the classification data held. I understand that deletion of my classification data will mean I no longer have a recognised sport class and will be unable to compete in Wheelchair Curling. Questions related to the use of my personal classification data can be directed to Curling Australia.

14) Release of claims

I agree to waive my rights to make any claim against the classifiers, Curling Australia or anyone who might then claim against the classifiers or Curling Australia, for indemnification for any damages or claims of personal injury or any other claim arising from or in any way related to my classification procedure. I agree to fully indemnify Curling Australia and the classifiers should any claim be made against them in any way related to my classification.

Please tick as appropriate:

☐ I wish to assist Curling Australia in developing the classification system and therefore allow my data collected during classification, including any video material supplied by me to be used for classification educational purposes by Curling Australia. I understand that I may withdraw this consent at any time.

☐ I wish to be included in Curling Australia talent identification initiatives and therefore allow my data collected during classification and video material supplied by me to be used for talent identification purposes by Curling Australia talent identification personnel within Curling Australia. I understand that I may withdraw this consent at any time.

ATHLETE CONSENT DECLARATION:

Athlete Name:

Signature of Athlete:

Date:

ATHLETE REPRESENTATIVE CONSENT DECLARATION:

I understand the provisions of this Consent Form as they apply to me and to Athlete for whom I am the representative and I personally consent to abide by such provisions as a representative. If the athlete is under 18 or I am the athlete's legal guardian, my consent is also on behalf of the athlete themselves.

Athlete Representative Name (parent/legal guardian is mandatory if athlete is under 18 years of age):

Signature Athlete Representative:

Date:

SECTION 2: MEDICAL INFORMATION – TO BE COMPLETED FOR ALL ATHLETES

Athletes Medical Diagnosis:

Part of the body affected:

(Tick and describe those that apply)

Leg/s: ☐ L:

☐ R:

Trunk:

Arm/s: ☐ L:

☐ R:

Year of onset:

(yyyy)

☐ **Congenital (birth)**

Medical condition is:

(Tick all those that apply)

☐ Permanent

☐ Stable and unlikely to change

☐ Fluctuating

☐ Likely to change and recommend review in _____ years

Eligibility

To be eligible for Wheelchair Curling an athlete must present with one of the following impairment/s in the left hand column, at a prescribed severity and the impairments must be associated with a Medical diagnoses: (tick and complete all that apply)

☐ **Impaired muscle power in legs**

Muscle score

R

L

Muscle power assessment scale

Hip Flexion

Hip Ext.

Hip Adduction

Hip Abduction

Knee Flexion

Knee Ext.

Ankle DF

Ankle PF

0=No muscle contraction is visible
1=Muscle contraction is visible but there is no movement of the joint
2=Active joint movement is possible with gravity eliminated
3=Movement can overcome gravity but not resistance from the examiner
4=The muscle group can overcome gravity and move against some resistance from the examiner
5=Full normal power against resistance

<input type="checkbox"/> Impaired passive range of motion in legs	Joint range	R	L	Percentage loss of ROM	
				Right	Left
	Hip Flexion (120)				
	Hip Ext. (0)				
	Knee Flexion (135)				
	Knee Ext. (0)				
	Ankle DF (20)				
	Ankle PF (50)				
<input type="checkbox"/> Lower Limb deficiency/loss	Describe limb deficiency and tick which criteria applies: <input type="checkbox"/> Unilateral hip disarticulation <input type="checkbox"/> Bilateral trans-tibial amputation or more significant bilateral amputation <input type="checkbox"/> congenital lower limb dysmelia equivalent to bilateral trans-tibial amputation <input type="checkbox"/> Athlete has limb deficiency but does not meet the above criteria				
<input type="checkbox"/> Hypertonia (Spasticity, Dystonia or Rigidity) in legs	Modified Ashworth Score	R	L	Modified Ashworth Scale	
	Hip			0= No catch on Rapid Passive Movement (RPM) i.e., no spasticity 1= slight increase in muscle tone, manifested by catch & release 2=more marked increase in muscle tone through most of the ROM, but affected part easily moved 3=Considerable increase in muscle tone, passive movement difficult. 4=Body part rigid in flexion or extension	
	Knee				
	Ankle				
<input type="checkbox"/> Ataxia	<input type="checkbox"/> Athlete has significant ataxia which will be likely to cause significant activity limitation in walking on ice and a significant adverse effect on performance in standing ice curling. <input type="checkbox"/> Athlete has ataxia but does not meet the above criteria				
<input type="checkbox"/> Athetosis	<input type="checkbox"/> Athlete has significant athetosis which will be likely to cause significant activity limitation in walking and playing curling in standing on ice. <input type="checkbox"/> Athlete has athetosis but does not meet the above criteria				
<input type="checkbox"/> Athlete does not present with any of the above					

Regular Medication- list dosage and reason	
Walking skills	<input type="checkbox"/> Walks without aids <input type="checkbox"/> Walks with aids/assistance <input type="checkbox"/> Unable to walk
Wheelchair Use	<input type="checkbox"/> Always <input type="checkbox"/> Sometimes <input type="checkbox"/> Never <input type="checkbox"/> Manual <input type="checkbox"/> Powerchair

Medical Professional Declaration		
NOTE: If Section 2 and 3 have been completed by a Physiotherapist, a copy of a letter or report from the athlete's medical specialist (a medical doctor) is also requested to confirm the athlete's diagnosis		
Full Name:		
Qualifications:		
Business address:		
Suburb:	State:	Postcode:
Email:		
<input type="checkbox"/> I certify that the above-mentioned information is accurate		
Signature:		Date:

☐ If additional medical documentation/reports will be submitted along with this application, please tick here.

Office Use Only	
Consent form signed: <input type="checkbox"/> YES	
Date athlete provided with copy of Provisional Outcome Form (where applicable):	
Date documentation shared with classifiers for Eligibility Assessment:	
CA Representative Name:	Date: