



FUNCTIONAL CLASSIFICATION APPLICATION FORM

In the case of swimmers with a physical disability, functional classification is based on several factors i.e. muscle strength, movement co-ordination, joint range of movement and/or limb length. The swimmers are also required to perform a practical water session, performing all strokes and be accordingly assessed on their ability and then finally be observed in competition.

A swimmer's classification and status shall not be confirmed until all 3 elements of the classification process have been undertaken.

Section A

Family Name _____ Given Name _____ 2ND Initial _____

Address: _____

_____ Postcode: _____

Home Telephone Number: _____ E-mail: _____

Date of Birth: ____ / ____ / ____ Gender: MALE / FEMALE (Please Circle)

the asa/WASA/SASA Membership ID Number _____

Club Name: _____

Section B

Please state your diagnosis and any associated diagnoses: _____

Have you had any operations within the last two years? **YES/NO**

If yes, please give date(s) of operation(s), a brief overview and the consultant's discharge date:-

Section C

I can confirm the above information is correct.

Sign: _____

Date: _____

Signature of Parent or Guardian (if under 18 years of age)

Sign: _____

Date: _____

Name: _____

**Please return this form to:
National Disability Office,
Macclesfield Leisure Centre, Priory Lane, Macclesfield, Cheshire SK10 4AF**

Criteria for classification

The swimmer must be able to do the following before submitting an application for classification:

- Be able to understand and follow verbal and visual instructions given by the classifiers
- Be able to swim at least 50m of all four strokes (where the impairment permits this)
- Be able to do a face float and back float
- Be able to rotate from front to back

Please note if a swimmer is unable to do any of the following the classification will be stopped

I can confirm that the swimmer can perform all of the above.

Coach Signature: _____

Date: _____