

STUDENTS WITH DISABILITY COMPETITOR APPLICATION FORM



Dear Parent/Guardian,

The School Sport Representative Pathway promotes opportunities for eligible students with disability between 8 and 13 years of age to compete in selected events in swimming, cross country and athletics. For further information please go to cnsnw.sport

Please complete this application to be considered for participation in the listed events and forward to your School Sport Coordinator who will follow up with your Diocesan Sport Coordinator.

Eligibility is based on the classification criteria below in the following classification groups and requires official documentation.

<p>Physical - Classification codes: Athletics TF31-64 and Swimming S1-10 Functional classifications involve a series of physical assessments to determine the extent of the limitation. It may include amputees, cerebral palsy etc</p>
<p>Vision - Classification codes: Athletics TF11-13 and Swimming S11-13 Students with a visual acuity that is less than or equal to LogMAR = 1.00 (6/60) and/or the visual field is less than a diameter of 40 degrees. All classifications are allocated from the best eye with best corrected vision. Eye conditions may include albinism, retinitis pigmentosa, macular dystrophy and rod cone dystrophy.</p>
<p>Intellectual - Classification codes: Athletics TF20 and Swimming S14 Students with an IQ equal to or less than 75 as assessed by a professionally administered IQ test, and significant limitations in adaptive behaviour (conceptual, social or practical adaptive skills).</p>
<p>Hearing - Classification codes: Athletics TF01 and Swimming S15 Students with hearing level loss of at least 55 decibels (dB) over 3 frequencies at 500, 1000 and 2000 Hertz (Hz) in the better ear as assessed by an audiologist or audiometrist.</p>
<p>Transplant - Classification codes: Athletics TF30 and Swimming S16 Students who have had an organ or bone marrow transplant including kidney, liver, heart, lung, pancreas.</p>

Please complete the information below & return to your school sports coordinator

Student's Surname -		Student's First Name -	
Student's DOB -	/ /	Student's Gender -	Male / Female
Parent's Name/s -		Contact number/s -	
School & Suburb			
Email -			
Please circle your child's classification category -	<i>Physical Vision Intellectual Hearing or Transplant</i>		
Has your child officially been classified by the governing sport/s body?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Classification Code :			
Swimming (S, SB)	<input type="text"/>	Cross Country & Athletics (TF)	<input type="text"/>

Please indicate below the sports/events you wish to enter your child in your diocese:

Swimming (Multi Class)

<input type="checkbox"/> 50m Freestyle	<input type="checkbox"/> 50m Backstroke	<input type="checkbox"/> 50m Breaststroke	<input type="checkbox"/> 50m Butterfly
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Athletics (Athletes in Multi Class Events)

<input type="checkbox"/> 100m	<input type="checkbox"/> 200m	<input type="checkbox"/> 800m	<input type="checkbox"/> Long Jump	<input type="checkbox"/> Shot Put	<input type="checkbox"/> Discus
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Cross Country (Athletes in Multi Class Events)

<input type="checkbox"/> 2km cross country course

PARENT AUTHORITY

I/We certify that the student listed wishes to be considered for eligibility to participate in swimming, cross country and/or athletic events. I/We understand an official classification from the specific disability governing sport/s body of my child is needed for participation at MacKillop/Polding, State and National level of School Sport competition.

Parent's Signature: _____ **Date:** _____