



CLASSIFICATION APPLICATION FORM

Section A

Family Name _____ Given Name _____ 2ND Initial _____

Address: _____

_____ Postcode: _____

Home Telephone Number: _____ E-mail: _____

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

ASA/WASA/SASA Membership ID Number _____

Club Name: _____

Section B

Please tick nature of disability:

- Physical Disability (Ambulant)
- Physical Disability (Wheelchair user)
- Visually Impaired / Blind
- Learning Disability
- Hearing Impaired / Deaf

Section C

Please state your diagnosis and any associated diagnoses: _____

Have you had any operations within the last two years, which may have any impact on your impairment and/or swimming ability? **YES/NO**

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

Section D

I can confirm the above information is correct.

Sign: _____ Date: _____

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

Sign: _____ Date: _____

Name: _____