

## CLASSIFICATION CARD APPLICATION

The Classification card is issued to Swimming Australia club members only and is used to identify a swimmer's authorised classification and any relevant exceptions to swimming rules when competing in Multi Class competitions.

**Swimmers must complete the relevant classification process before submitting this application.**

### Application Checklist (select all that apply)

- Physical disability.** I have attended face to face athlete evaluation and been allocated an eligible classification.
- Vision impairment.** I have attended face to face athlete evaluation and been allocated an eligible classification.
- Intellectual disability.** I have completed the AUSRAPID Eligibility Application and attached a copy of my AUSRAPID card.
- Hearing impairment.** I have completed the DSA audiogram and attach a copy of my confirmation letter issued by DSA.
- Transplant.** I have completed the Transplant Eligibility Application and attached a copy of my confirmation letter issued by Transplant Australia.

Swimmers should always be prepared to present their Classification Card to the meet referee prior competing in Multi Class competitions so that rule exceptions will be observed by swimming officials. Classification details may also be verified by referring to the **National Classification Master List** available at [www.swimming.org.au](http://www.swimming.org.au). **Always check meet information for Classification requirements prior to entry.**

### Applicant Information

|  |  |   |
|--|--|---|
| Name:  |  |   |
| Date of Birth: <input type="text" value="dd/mm/yyyy"/>   | Phone: ( <input type="text"/> )  | Mob:  |
| Address:   |  |   |
| Suburb:  | State:   | Post Code:  |
| Email:   |  |   |
| Disability:  | Classification: S <input type="text"/> SB <input type="text"/> SM <input type="text"/> |   |
| Swimming Australia Member Number:  | Club Name:   |   |
| Are you a member of the following organisations? (select all that apply)   |  |   |
| <input type="checkbox"/> Sport Inclusion Australia<br>(Formerly AUSRAPID)  | <input type="checkbox"/> Deaf Sports Australia   | <input type="checkbox"/> Transplant Australia   |
| <input type="checkbox"/> AAWD  | <input type="checkbox"/> Other <input type="text"/>                                    | <input type="checkbox"/> Blind Sports Australia<br>(provide your member number if known) <input type="text"/> |
| What year did you start swimming? <input type="text"/>   |  |   |
| How many sessions do you train per week? <input type="text"/>  |  |   |
| Do you have any medical conditions? (e.g. asthma, allergies, seizures etc.) <input type="checkbox"/> Yes <input type="checkbox"/> No |  |   |
| <input type="checkbox"/> I am applying for a new card  |  |   |
| <input type="checkbox"/> I am applying to renew my card  |  |   |
| <input type="checkbox"/> I am applying to replace a lost or damaged card   |  |   |
| *Signature of applicant or parent guardian:  |  | Date: <input type="text" value="dd/mm/yyyy"/>   |

**\*Applicant Declaration** 1. I agree to abide by the rules, regulations and policies of Swimming Australia, the relevant Swimming Association and the relevant club, including Swimming Australia's MC Rules, Anti-Doping, Member Welfare, Child Welfare and Privacy Policies (available at [www.swimming.org.au](http://www.swimming.org.au)) 2. I accept that I may receive information, correspondence or promotions from Swimming Australia Ltd, it's stakeholders or Sponsors 3. I authorise Swimming Australia to use, disclose or relate to any relevant bodies any of my classification information that may be necessary to implement the rules, regulations and policies in 1 above. I agree to have my name and classification details published in official programs, newsletters and websites. **\*Parent Guardian Declaration** 1. The applicant is under 18 years of age and I am the applicant's parent or legal guardian 2. I have read, understood, acknowledge and agree to the declarations above and the details provided in the application and I personally consent to the declarations above and I warrant that all information provided is true and correct 3. As the parent or guardian of the applicant, I expressly agree to be responsible for the applicant's behavior and agree to personally accept the conditions set out in this application and declaration.

Click the button below to submit or return completed form to Swimming Australia using the details below.

**Att: Classification**  
Swimming Australia Ltd  
PO Box 91 Sunnybank QLD 4109

**Fax: (02) 6219 5606**  
**Email: [classification@swimming.org.au](mailto:classification@swimming.org.au)**  
**Web: [www.swimming.org.au](http://www.swimming.org.au)**

Office use only

Received SAL  
Date:

Verified  
Date:

Entered in Master List  
Date:

Approved  
Date: