

## **ANNEX 1**

## **DECLARATION and CONSENT FORM**

Check and fill in the fields in yellow

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NAME, Surname		
Date of birth:	//	<b>Gender</b> : <mark>□</mark> Male <mark>□</mark> Female

## 1.2 MEDICAL INFORMATION

Eligible Impairment(s) (tick one or more items)	Name medical diagnosis relevant to impairment type (tick or add)
□ Impaired Muscle Power	□ Spinal Cord Injury
	☐ Muscular Dystrophy
	□ Spina Bifida
	Poliomyelitis
	□ Multiple Sclerosis
	□ Other
Impaired Passive Range of Movement	☐ Arthrogryposis
Movement	☐ Joint Contractures
	□ Trauma
	Other

☐ Limb Deficiency	☐ Dysmelic
	☐ Traumatic Amputation
	□ Bone Cancer
	□ Other
Leg Length Difference	□ Trauma
	□ Dysmelic
	Other
☐ Short Stature	☐ Achondroplasia
	Osteogenesis Imperfecta
	☐ Growth Hormone Dysfunction
	Other
□ Hypertonia	□ Cerebral Palsy
	☐ Traumatic brain injury
□ Ataxia	☐ Multiple Sclerosis
	□ Stroke
☐ Athetosis	Other

Additional Eligible Impairment(s) - for German National Championships only <sup>1</sup> -	Name medical diagnosis relevant to impairment type (tick or add)	
☐ Hearing impairment	Reduced hearing power	
	□ hearing loss	
	Other	
□ Intellectual disability	Down syndrome / trisomy 21	
	□ Other	
<ul><li>Any other disability (not stated above)</li></ul>	□ Please specify	
In this case, please contact the		
organizer prior to registration via mail: <a href="mailto:handifly@dfv.aero">handifly@dfv.aero</a>		
1.3 MEDICAL HISTORY		
Flyer's condition: ☐ Stable ☐ Progressive	e 🖸 Fluctuating 🖸 Permanent	
Year of onset: □ Congenital		
Past treatments:		

<sup>&</sup>lt;sup>1</sup> Athletes with these impairments are only eligible for the German National Championships (when no other impairments occur) and will only be ranked in the National General Leaderboard, not in the International General Leaderboard of the Handifly Race World Series.

In case of spinal cord injury, indicate the number of the vertebrae(s) affected and accurately describe the motor and sensory consequences of these lesions:
Additional details on medical diagnosis (mandatory):
Functional Self-Analysis in Flight of Main Aerodynamic Surfaces (using the diagram, fill in the yellow boxes below):
3 surface totally usable
3 surface totally usable surface partially unusable surface totally unusable surface totally unusable
surface totally usable surface totally unusable surface totally unusable
surface totally usable surface totally unusable surface totally unusable
surface totally usable surface partially unusable

## 1.4 EVALUATION CONSENT

- 1. I agree to undergo the Athlete Evaluation detailed in the Handifly Race Competition Rules and the Handifly Race Classification Rules carried out by a Classification Board designated by the ISC Permanent Classification Board of the ISC Skydiving for Disabled Committee. I understand that this evaluation may require me to participate in wind tunnel Flights and activities which may include me being observed whilst competing. I understand that there is a risk of injury in participating in Flights and activities. I confirm that I am healthy enough to participate in Athlete Evaluation.
- 2. I understand that I have to comply with the Athlete Evaluation's requests made by the Handifly Race Classification Rules. This includes providing sufficient documentation so as to allow the Classification Board to determine whether I comply with the eligibility requirements for Handifly Race. I understand that if I fail to comply with any such request then Athlete Evaluation may be suspended without a Compensation Coefficient being assigned to me.
- 3. I understand that the Athlete Evaluation requires me to give my best effort, and that any intentional misrepresentation of my skills, abilities or the degree of my impairment may result in me facing immediate exclusion.
- 4. I understand that the Athlete Evaluation is an assessment process and I agree to abide by the judgment of the Classification Board. If I do not agree with the decision of the Classification Board, I understand that I still have the possibility to submit a protest to the Classification Board's representative on the competition site before the first non-scored Flight.
- 5. I agree to be videotaped and photographed during the Athlete Evaluation and that this may include my activity on and off the wind tunnel during the competition.
- 6. I agree and consent to the ISC Permanent Classification Board processing my personal data in any format, including my full name, e-mail address, nationality, date of birth, gender, Compensation Coefficient and relevant medical information.
- 7. I agree and consent to my full name, e-mail address, nationality, profile (as I filled it in when I submitted my application) and Compensation Coefficient published by the ISC Permanent Classification Board and shared with third parties.
- I wish to assist the ISC Permanent Classification Board in developing the classification system and therefore allow my data collected during Athlete Evaluation and video material recorded during training and competition to be used for research and educational purposes by the ISC Permanent Classification Board. I understand that I may withdraw this consent at any time.

Cinneton of the condition to	Date//	
	Signature of the applicant:	