

ANNEX 2 – DECLARATION AND CONSENT FORM



INDOOR PARA SKYDIVING ATHLETE EVALUATION, MEDICAL DIAGNOSTIC, AND AGREEMENT FORM

Event: _____	Date: _____																					
Athlete Information – to be completed by the NAC																						
Family Name: _____	Date of Birth: _____																					
First Name: _____	Gender: <input type="checkbox"/> Female																					
NAC: _____	<input type="checkbox"/> Male																					
Athlete Self-Assessment Table																						
<p>Please use the table below (on the left) to indicate the impact/effect of any Impairments on the athlete's Main Aerodynamic Surfaces (areas numbered 1 to 5) during flight. Use the following notation: [blank] – No activity limitation; 0 – Limited mobility; X – Surface non-functional.</p> <p>The reference diagram on the right indicates the surfaces analyzed during athlete evaluation for the assessment of the impact/effect of any Impairments. The numbered areas are (1) hand-forearm, (2) arm, (3) torso, (4) leg, and (5) tibia-foot, shown in green on the reference diagram.</p>																						
<table border="1"> <thead> <tr> <th colspan="3">Surface Areas</th> </tr> <tr> <th></th> <th>Left</th> <th>Right</th> </tr> </thead> <tbody> <tr> <td>1</td> <td></td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> </tr> <tr> <td>3</td> <td colspan="2"></td> </tr> <tr> <td>4</td> <td></td> <td></td> </tr> <tr> <td>5</td> <td></td> <td></td> </tr> </tbody> </table>	Surface Areas				Left	Right	1			2			3			4			5			
Surface Areas																						
	Left	Right																				
1																						
2																						
3																						
4																						
5																						

Medical Information – to be completed in English by a licensed physician:

Athlete's Medical Diagnosis (Health Condition):

Include description of body part(s) affected and limitations:

Medical Condition is: Permanent Stable Progressive Fluctuating

Year of Onset: Congenital (birth)

Primary Impairment/s arising from the Medical Diagnosis (Health Condition):

Impairment Type	Relevant Medical Diagnosis
<input type="checkbox"/> Impaired Muscle Power	<input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Other: _____
<input type="checkbox"/> Impaired Passive Range of Movement	<input type="checkbox"/> Arthrogryposis <input type="checkbox"/> Joint Contractures <input type="checkbox"/> Trauma <input type="checkbox"/> Other: _____
<input type="checkbox"/> Limb Deficiency	<input type="checkbox"/> Dysmelic <input type="checkbox"/> Traumatic Amputation <input type="checkbox"/> Bone Cancer <input type="checkbox"/> Other: _____
<input type="checkbox"/> Leg Length Difference	<input type="checkbox"/> Trauma <input type="checkbox"/> Dysmelic <input type="checkbox"/> Other: _____
<input type="checkbox"/> Short Stature	<input type="checkbox"/> Achondroplasia <input type="checkbox"/> Osteogenesis Imperfecta <input type="checkbox"/> Growth Hormone Dysfunction <input type="checkbox"/> Other: _____
<input type="checkbox"/> Hypertonia <input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis	<input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Traumatic Brain Injury <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Stroke <input type="checkbox"/> Other: _____
Medical History	
Past treatments:	
Current and/or future treatments:	

For spinal cord injuries, please specify the affected vertebrae(s) and describe the resulting motor and sensory consequences.

Please provide additional details regarding the medical diagnosis (required):

Diagnostic Evidence to be Attached:

Evidence supporting the above diagnosis **MUST** be attached in English for **ALL athletes**:

- Medical Diagnostic Report and Physical Examination results (e.g., ASIA scale for athletes with spinal cord injury, Ashworth scale for athletes with cerebral palsy, X-rays for athletes with dysmelia, photo for athletes with amputation).

Indoor Para Skydiving reserves the right to request additional diagnostic evidence as outlined in the IPS Competition Rules and Classification Code, including, but not limited to report(s) from additional diagnostic testing (for example, EMG, MRI, CT, X-ray).

Regular Medication – List dosage and reason:

Additional Comments (Optional):

I CONFIRM THAT THE ABOVE INFORMATION IS ACCURATE AND CORRECT.

Medical Doctor's Name:

Medical Specialty:

Registration #:

Address:

City / State / Province:

Country:

Phone #

Email:

Signature:

Date:

1.1 ATHLETE'S AGREEMENT DECLARATION AND CONSENT

1. I wish and consent to undergo the Athlete Evaluation as outlined in the Indoor Para Skydiving Competition Rules and Classification Code, conducted by the Classification Board appointed by the ISC Skydiving for Disabled Committee. I understand that this evaluation may involve participation in wind tunnel flights and activities, including being observed during competition. I acknowledge the inherent risk of injury in participating in these flights and activities and confirm that I am physically fit to participate in the Athlete Evaluation.
2. I understand that I must comply with the requests made during the Athlete Evaluation as outlined in the Indoor Para Skydiving Classification Rules. This includes providing the necessary documentation to enable the Classification Board to assess the existence of an underlying health condition and an Eligible Impairment, determining my athlete's eligibility to compete in Indoor Para Skydiving. I acknowledge that if I fail to submit the required documentation or do not fully comply with the requested evaluation processes, my Athlete Evaluation may be suspended, and as a result, I will be deemed Not Eligible to participate.
3. I understand that the Athlete Evaluation requires me to provide an honest and accurate representation of my skills, abilities, and the extent of any physical impairments. I acknowledge that any intentional misrepresentation or dishonesty in this process may lead to my immediate disqualification from the evaluation and exclusion from the competition.
4. I understand that the Athlete Evaluation is an assessment process, and I agree to abide by the decision of the Classification Board. In the event of any disputes, I acknowledge that my National Airsport Control (NAC) has the right to submit a protest up to fifteen (15) days before the competition begins. The protest must be submitted in writing, along with the necessary supporting documentation, directly to the Classification Board's representatives. In such case, the revised decision is final and cannot be challenged further.
5. I agree to be videotaped and photographed during the Athlete Evaluation, which may include my activities both inside and outside the wind tunnel, before and during the competition. I understand that this footage and imagery may be used for evaluation, documentation, and any related purposes as outlined in the competition rules.
6. I hereby consent to the Classification Board of the ISC Skydiving for Disabled Committee processing my personal data, including my full name, email address, nationality, date of birth, gender, Compensation Coefficient, and relevant medical information, in any format as required.
7. My personal data, including relevant medical information, Athlete Evaluation, and Compensation Coefficient, will be collected, stored, and used by the Classification Board. This may include transferring or storing data on different servers. The Classification Board, which may include members and organizations located outside the European Union and not recognized by the European Commission as providing adequate data protection, will use this data solely for purposes related to athlete evaluation and supporting my participation in Indoor Para Skydiving competitions.
8. I agree and consent to my full name, gender, year of birth, country, and Compensation Coefficient being published by the Classification Board and shared with my National Airsport Control (NAC), competition organizers, and relevant third parties, including, but not limited to, the Fédération Aéronautique Internationale (FAI) and the International Skydiving Commission (ISC).

I wish and consent to contribute to the improvement of Indoor Para Skydiving by assisting the Classification Board of the ISC Skydiving for Disabled committee in refining the classification system. Therefore, I consent to the use of any data collected during the Athlete Evaluation, as well as any video material recorded during training and competition, for research and educational purposes by the Classification Board of the ISC Skydiving for Disabled committee. I understand that I can withdraw this consent at any time.

Athlete's Name: _____

Athlete's signature: _____ Date: _____

Legal Guardian or Representative's Name (if required): _____

Legal Guardian or Representative's Signature: _____ Date: _____

National Airsport Control (NAC)

Representative's Name: _____

Title/Position at NAC: _____

Signature: _____ Date: _____



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