



REQUEST FOR CLASSIFICATION APPLICATION FORM

Section A

Family Name: _____ Given Name: _____

Address: _____

Home Telephone #: _____ Cell Phone #: _____

E-mail: _____

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

Are you a member of a Swimming Canada club? **YES/NO**

Are you a member of an ASSA club? **YES/NO**

If yes, what is the name of your club? _____

If no to both, where do you currently swim? _____

Section B

Please tick or highlight nature of disability:

- Physical Disability
- Visually Impaired / Blind
- Cognitive Disability

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: _____

Please return this form to:
Swim Alberta
11759 Groat Road, Edmonton, AB, T5M 3K6
Fax: (780) 415-1788 / office@swimalberta.ca