



Form 14  
2017 Adaptive Sports USA Junior Nationals™  
Classification Review/Request Form



Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Secondary Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Coach Name: \_\_\_\_\_ Team Name: \_\_\_\_\_

Coach Phone: \_\_\_\_\_

Coach Email Address: \_\_\_\_\_

Why are you requesting to be classified?

- Do not have national classification.
- Must be reclassified at every major competition due to my disability characteristics.
- Have had a change in my medical status since my classification was last completed.

Classification request is for:

- Swimming
- Track
- Field
- Powerlifting
- Archery

What are you current classifications? \_\_\_\_\_

What year were you classified? \_\_\_\_\_ Where? \_\_\_\_\_

What is your disability?

- Amputee
- Cerebral Palsy
- Dwarfism
- Multiple Sclerosis
- Muscular Dystrophy
- Spina Bifida
- Spinal Cord Injury
- Traumatic Brain Injury
- Visually Impaired
- Other \_\_\_\_\_

List any changes in your functional status since your previous classification:

\_\_\_\_\_  
\_\_\_\_\_

Appointment Request: If you are in need classification you must schedule your own appointment by going on <http://www.juniornationals2017.com>. If you have questions, contact Debbie Armento at [debbiearmento@gmail.com](mailto:debbiearmento@gmail.com).