

Appendix A2.0 Functional Classification Documents

Appendix A2.1.1 Classification Agreement – Completed by the Sailor

Classification Agreement — Personal Details - to be completed by the sailor (* Required)			
Last Name * :		First name * :	
Gender * : Male: Female:		Date of Birth * :	
Nationality * :		Type of Boat sailed * :	
Address:			
Phone Home:		Work:	Fax:
Cell Phone:		E-mail:	
Event/Location where Sailor is being classified * :			Date of Event
Declaration			
<p><i>I agree to accurately declare and describe my condition, demonstrate, and perform all tests to the best of my ability for the purpose of classification. I understand that failure to co-operate or to complete the classification process may result in eligibility restrictions for entry into US Sailing sanctioned Disabled Sailing Events. My disability is stable and to my knowledge, I am fit for classification. I will not hold the classifier(s) responsible for any injury, pain or suffering that may occur as a result of the conduct of their evaluation or other duties of the classification. I consent to the disclosure of information relating to my function and performance by my designated coach(s) and/or family doctor and/or other consultant(s). I consent to being videotaped or photographed at any time should the classifiers deem it necessary. If, in the future, my disability or my adaptations change, I shall declare this to the US Sailing Classification Committee when I next compete in an American or ISAF/IFDS sanctioned event.</i></p>			
Sailor's Signature: _____		Date:	
Witness' Signature: _____		Date:	
Sailor's Designated Coach/Family Doctor (optional)			
Coach		Family Doctor	
Name:		Name:	
Address:		Address:	
Telephone Number:		Phone Number:	
Mobile Telephone Number:		Cell Phone Number:	
Fax:		Fax:	
Email:		Email:	
		Class	Status
(For official use : copied from last page)			
Notes:			

SAILOR'S NAME: _____ US Sailing Membership Number: _____

Appendix A2.1.2 US Sailing Classification Administrative Fee: \$50

US Sailing volunteer Certified National Classifiers provide the process of Classification at major US Sailing (American) Disabled Sailing Events using the US Sailing Functional Classification System Manual at no cost to the sailor. The Sailor must pay an administrative fee of fifty dollars (\$50) directly to US Sailing, once per Paralympic Quadrennium, for US Sailing certification and placement on the US Disabled Sailing Master List.

IFDS requires Re-Classification at the First Appearance at any International Sailing Event. The International Classification Panel volunteers provide classification to the sailor at no charge. IFDS requires an Administrative Fee of €50 (Euros) for entering the sailor's information on the ISAF/IFDS International Disabled Sailing Master List and issuing the sailor the "International Disabled Sailing Passport." IFDS requires this administrative fee once per Paralympic Quadrennium.

Classification Administration Fee
Payment Details - How to Pay the US Sailing Master List Administration Fee
<p>Each sailor who is classified must pay a Master List Administration Fee of Fifty Dollars (\$ 50.00) to US Sailing. The Master List is valid and the athlete "Eligible to Compete" for the current Paralympic Quadrennium (e.g. 2013 — 2016). Payment to US Sailing is made on-line using the Regatta Network Web Site: https://www.regattanetwork.com/clubmgmt/applet_registration_form.php?regatta_id=6996</p>
Step by Step Administrative Fee Payment Process
<p>Have your credit card information and US Sailing membership number available before you begin entering your information on the Regatta Network Master List Administration Fee payment screen.</p> <p>US Sailing Membership Number: _____</p> <p>Simplified Master Listing Administrative Fee payment instructions:</p> <ul style="list-style-type: none"> • Go to: https://www.regattanetwork.com/clubmgmt/applet_registration_form.php?regatta_id=6996 • Enter in your details and select the event where you were/are being classified • Select "Enter" • Submit payment choice - either by credit card or PayPal • Select "Submit" • You will receive a payment confirmation email from Regatta Network <ul style="list-style-type: none"> • Your name, dates and classification location will appear on the Regatta Network web site: http://www.regattanetwork.com/clubmgmt/applet_registrant_list.php?regatta_id=6996&custom_report_id=66 • US Sailing will receive an email copy of your payment confirmation from Regatta Network • Your name and Classification information will be added to the US Disabled Sailing Master List http://raceadmin.ussailing.org/Classifiers/Master_Classification_List.htm

SAILOR'S NAME: _____

Appendix A2.1.3 Athlete Disability Information Form

US Sailing Functional Classification Form			
Athlete Disability Information Form, to be completed by the classifier.			
General Information			
Previous Classification Points		Date last classified	
Date	Details of Injury/Disability		
Sailing Related Sports Injuries			
Date	Brief description:		
Functional Assistive Devices used (e.g. Chair, Prosthesis)			
Assistive Devices used while sailing		Assistive Devices used on a daily basis (non-sailing)	
Notes:			

SAILOR'S NAME: _____

Appendix A2.2.1 Functional Anatomical Test (FA) – Neck & Upper Extremity

Classification Report — To be completed by Classifier(s)										
		Right Side				Left Side				
Neck		ROM	Strength	Co-ordination	Lowest Right	ROM	Strength	Co-ordination	Lowest Left	Comment
Neck	Flexion									Max 5 pts
	Extension									Max 5 pts
	Rotation									5 pts each
Subtotal points (Max 20 pts)										

Upper Limbs		ROM	Strength	Co-ordination	Lowest Right	ROM	Strength	Co-ordination	Lowest Left	Comment
Shoulder	Flexion									
	Extension									
	Abduction									
	Adduction									
	Ext. Rot.									
	Int. rot.									

Elbow	Flexion									
	Extension									
	Pronation									
	Supination									

Wrist	Flexion									
	Extension									

Hand	Grip F No.									
	Grip F Tip									
	Flex-Thumb									
	Ad-Thumb									

Deduct 50 if applicable										
Subtotal points (Max 160 pts)										

Comments:

SAILOR'S NAME: _____

Appendix A2.2.2 Functional Anatomical Test – Trunk & Lower Extremities

Classification Report — To be completed by Classifier(s)										
		Right Side				Left Side				
Trunk		ROM	Strength	Co-ordination	Lowest Right	ROM	Strength	Co-ordination	Lowest Left	Comment
Trunk	Flexion Upper									
	Flexion Lower									
	Extension Upper									
	Extension Lower									
	lat Flex Upper									
	lat Flex Lower									
	Rotation									
Subtotal points (Max 50 pts)										

Lower Limbs		ROM	Strength	Co-ordination	Lowest Right	ROM	Strength	Co-ordination	Lowest Left	Comment
Hip	Flexion									
	Extension									
	Abduction									
	Adduction									
	Ext. Rot.									
	Int. rot.									

Knee	Flexion									
	Extension									

Ankle	Dorsiflex									
	Plantarflex									

Deduct 20 if applicable										
Subtotal points (Max 100)										
Total										

SAILOR'S NAME: _____

Appendix A2.2.3 Functional Dock (FD) and Functional Sailing Test (Sail)

Detail of Movement		Please tick box			
		FD		SAIL	
0 = Observed E = Expected		O	E	O	E
A. Tiller		O	E	O	E
1.	Only controls tiller with assistive device (i.e. ropes, blocks, mechanical or electrical device).				
2.	Does not move the tiller through the full range of movement. Or only controls the tiller with teeth or feet. Or controls the tiller by "tapping", due to coordination problems.				
3.	Let go of the tiller for >2 seconds while changing sides, or while handling sheets.				
4.	Only controls the tiller with one upper limb. Or uses one hand for support while tacking. Or controls the tiller with moderate difficulty				
5.	Controls tiller throughout tack or gybe normally				
Comments:					
B. Sheeting		O	E	O	E
1.	Does not pull sheet in any way, or only with teeth or feet, or uses servo assistance.				
2.	Pulls sheet, but with severe difficulty, very slow, or cannot get proper sheet tension or has assistance from another crew member to get it.				
3.	Pulls sheet but with moderate difficulty, or slow				
4.	Pulls sheet with slight difficulty				
5.	Pulls sheet normally				
Comments:					
C. Cleating		O	E	O	E
1.	Does not cleat or uncleat sheet, or only with teeth or feet, or uses servo assistance.				
2.	Cleats / uncleats but with severe difficulty, very slow, or misses frequently.				
3.	Cleats / uncleats with moderate difficulty, or slow, or misses sometimes.				
4.	Cleats / uncleats with mild difficulty.				
5.	Cleats / uncleats sheet normally.				
Comments:					
D. Transferring		O	E	O	E
1.	Does not transfer from side to side — remains in a fixed position or uses a mechanical device to transfer.				
2.	Transfers from side to side with severe difficulty on a board. Or very slow.				
3.	Transfers from side to side with moderate difficulty on a board or using a bar. Or slow				
4.	Transfers from side to side with slight difficulty.				
5.	Transfers normally				
Comments:					
E. Hiking		O	E	O	E
1.	Does not get up on the side deck.				
2.	Gets up on the side deck but with severe difficulty. Does not hike past vertical. Does not adjust sheets from deck.				
3.	Gets up on the side deck with moderate difficulty. Or uses two hands to hold on or hike past vertical. Does not adjust sheet while hiking past vertical				
4.	Gets up on the side deck and hikes past vertical, with slight difficulty. Is able to adjust sheet while hiking past vertical with slight difficulty. Or is able to adjust the sheets with only one hand.				
5.	Gets up on the side deck and hikes past vertical normally				
Comments:					
Total Number:					

SAILOR'S NAME: _____

Appendix A2.2.4 Classification Results – Scoring

FA Total	FD Total		SAIL Total
Vision		Benchmark	
Comments			

Classification Type	Classification Results			
	Class	Status (Check column)		
		NEW	NR (National/Review)	NC (National/Confirmed)
Minimum Disability, e.g. Single-Person Keelboat, 2.4mR				
Two-Person Keelboat, SKUD18				
Three-Person Keelboat, Sonar				
Other boat types: a) b) c)				

Classification based on:	FA (Functional Anatomical)	
	FD (Functional Dock)	
	FS (Functional Sailing)	
Comments:		

Classifiers		
Event Lead Classifier's Name (Print)	Signature	National/International Classifier
Classifier's Name (Print)	Signature	National/International Classifier
Classifier's Name (Print)	Signature	National/International Classifier
Date of Examination		
Place of examination		

SAILOR'S NAME: _____

Appendix A3 Classification Review and WADA Notice Form

Sailor: Please answer the questions down to the Classifier Section:				
What is your disability?				
If you were last classified in 2009-2012, what was your classification and status? (For example, Class 5 – Status NR or Minimally Disabled – MD)				
Sailor's Name:				
1. Has your disability changed?			YES	NO
If Yes, provide detail:				
2. Have you changed any of your prostheses or adaptations?			YES	NO
If Yes, please detail				
3. Do you understand the American and World Anti-Doping Agency (WADA) policy?			YES	NO
4. Are you taking any drugs identified on the WADA Anti-Doping list?			YES	NO
5. If yes, have you received a medical waiver for the drug use? Please explain:			YES	NO
6. If we need to train classifiers, are you willing to be examined by them?			YES	NO
7. Do you want to be classified for any other boat? E.g. Single-Person Dinghy, Two-Person Keelboat.			YES	NO
If Yes, please detail which boats:				
Classification Type		Class	Classification Results Status (Check column)	
<i>IFDS only recognizes National (N) Status assigned by American National Classifiers. American National Classifiers shall use Status National/Review (NR) and National/Confirmed (NC) for management of the Classification Process for American Athletes.</i>			NEW	NR (National/Review)
Minimum Disability, e.g. Single-Person Keelboat, 2.4mR				
Two-Person Keelboat, SKUD18				
Three-Person Keelboat, Sonar				
Other boat types: a) b)				
Comment				
Classification points unchanged ()			New classification points	
Classifiers				
Lead Classifier's Name (Print)			National/International Classifier	
Classifier's Name (Print)			National/International Classifier	
Classifier's Name (Print)			National/International Classifier	
Date of Evaluation ___ / ___ / _____			Place of Examination:	

Comments: