

CLASSIFICATION PROTEST FORM

Swimmer's family name: _____ Swimmer's given name: _____

Home Nation membership number: _____

Sport class protested: S _____ SB _____ SM _____ Sport Class Status BS / R

Reason for protest:

Please reference the relevant article(s) of the World Para Swimming classification rules and regulations, which can be found on:
https://www.paralympic.org/sites/default/files/document/170308141128389_2017%2BWPS%2BClassification%2BRules%2Band%2BRegulations.pdf

Name of representative submitting protest: _____

Position (Team Manager/coach/swimmer/parent): _____

Date of submission: _____

Protest fee submitted on (dd/mm/yyyy): _____

Signature of representative: _____

Protest received on (dd/mm/yyyy): _____ Time (00:00): _____

Protest received by (name and position): _____

Signature: _____

DECISION OF THE PROTEST PANEL

Decision of the Protest Panel: Accepted / Denied

Rationale:

Members of the Protest Panel

Name (please print): _____ Medical/Technical

Signature: _____

Name (please print): _____ Medical/Technical

Signature: _____

Name (please print): _____

Chair of Classification Working Group

Signature: _____

Date (dd/mm/yyyy): _____ Time: _____

Location: _____