



## CLASSIFICATION PROTEST FORM

Swimmer's family name: \_\_\_\_\_ Swimmer's given name: \_\_\_\_\_

Home Nations membership number: \_\_\_\_\_ Lorem ipsum

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](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: \_\_\_\_\_