

World Sailing PDP – Performance Clinic registration form

France 2017

Name of person completing this form	
Representing ISAF Member National Authority (MNA):	
Role within MNA:	
Contact details (Email / Phone):	

A digital picture of all persons listed as wishing to take part in the Clinic must also be provided.

Full Name (Name, Surname)	
Participating as:	MNA Coach
Gender (Male / Female):	
Date of Birth (DD/MM/YYYY):	
Email Address / Phone:	
Summary of previous coaching experience:	



World Sailing

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Full Name (Name, Surname)	
Participating as:	SAILOR 1
Gender (Male / Female):	
Date of Birth (DD/MM/YYYY):	
Email address / Phone:	
Previous sailing Experience (including any national / international competitions attended):	
ISAF Sailor ID (required)	
Classified sailor (Yes / No): If the sailor is not already classified, then please complete a sailor assessment questionnaire which is provided on the final page of this form:	
Full Name of Parent / Guardian if sailor under 18 years old	
Signature of Parent / Guardian if sailor under 18 years old	



What is your disability?	
Do you have a medical condition / diagnosis (e.g. MS, CP, MD or Congenital Birth Defect)?	
Are you a wheelchair user? If so, is the wheelchair manual or powered?	
Are you an amputee? If so, what limb or limbs?	
Do you have a spinal cord injury? If so, what level of injury?	
Do you have co-ordination problems? If so, please describe how this impacts on your daily life?	
Can you sit unsupported or do you need a back rest or lateral support?	
Do you have strength issues? If so, please explain:	
Is your hand function impaired? If so, then please describe:	
Do you have a visual impairment? If yes, please describe the vision in your best eye:	
Have you ever been classified in another sport? If so, in which sport and what classification rating?	



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Full Name (Name, Surname)	
Participating as:	SAILOR 2
Gender (Male / Female):	
Date of Birth (DD/MM/YYYY):	
Email address / Phone:	
Previous sailing Experience (including any national / international competitions attended):	
ISAF Sailor ID (required)	
Classified sailor (Yes / No): If the sailor is not already classified, then please complete a sailor assessment questionnaire which is provided on the final page of this form:	
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Please complete the following details only for any additional persons (MNA Representatives and care givers) that will be attending on behalf of the MNA to attend the PDP performance clinic.

MNA representative (Name, Surname)	
(First name / Surname):	
Gender (Male / Female):	
Date of Birth (DD/MM/YYYY):	
Email Address / Phone:	

Or

Care giver (Name, Surname)	
Sailor for whom the care giver is responsible in supporting (Name)	
(First name / Surname):	
Gender (Male / Female):	
Date of Birth (DD/MM/YYYY):	
Email Address / Phone:	