



**IFSC PARACLIMBING EQUIPMENT DECLARATION FORM**

<b>ATHLETE NAME</b>			
<b>GENDER</b>			
<b>NATIONAL FEDERATION</b>		<b>COUNTRY</b>	
<b>SPORT CLASS</b>	<input type="checkbox"/> Not yet IFSC classified		
<b>SPORT CLASS STATUS</b>			

Please submit information about all the equipment used on the wall during climbing.

Unmodified climbing shoes and sit harness (EN12277 TYPE C) do not need to be declared on this form.

Athletes should declare all equipment they may use. This does not mean the athlete must climb with that equipment.

EQUIPMENT TYPE	DETAILS
Harness	<input type="checkbox"/> Full Body Harness (EN12277 TYPE A or equivalent standard) <input type="checkbox"/> Chest Harness (EN12277 TYPE D or equivalent standard) <input type="checkbox"/> Other / Custom Harness. Please Describe:  Note: Use of Sit Harness (EN12277 TYPE C or equivalent standard) does not need to be declared.
Shoes	<input type="checkbox"/> Shoe/s internally modified to accommodate impairment <input type="checkbox"/> Method of securing shoe/s modified to accommodate impairment or ease of donning/doffing <input type="checkbox"/> Shoe used is specifically made for a prosthetic <input type="checkbox"/> Alternative shoe/s worn instead of climbing shoe/s (ie. AL1 athletes) <input type="checkbox"/> Other Customisation associated with impairment. Please Describe:  Note: Use of Non-Custom / Unmodified shoes does not need to be declared.
Helmet	<input type="checkbox"/> Tick if use
Limb Protection	Where is it worn: <input type="checkbox"/> Upper Limb <input type="checkbox"/> Lower Limb <input type="checkbox"/> Right <input type="checkbox"/> Left <input type="checkbox"/> Both  <input type="checkbox"/> Glove <input type="checkbox"/> Protective Pads (skateboarding style) <input type="checkbox"/> Knee Pad (climbing specific) <input type="checkbox"/> Sports Tape <input type="checkbox"/> Bandage <input type="checkbox"/> Sock <input type="checkbox"/> Custom made protection <ul style="list-style-type: none"> <li><input type="checkbox"/> With high friction surface</li> <li><input type="checkbox"/> Without high friction surface</li> </ul> Note: Tape or bandages that do not make contact with the climbing surface do not need to be declared



Athlete's Name:

Country:

<p>Sling</p> <p>e.g. Sling used by climbers with no arm function</p>	<p><input type="checkbox"/> Left Arm      <input type="checkbox"/> Right Arm</p> <p>Description:</p>
<p>Strap</p> <p>e.g. Strap used by AL1 climbers to tether their legs.</p>	<p>Description / Location of Use:</p>
<p>Orthotics</p>	<p>Location used: <input type="checkbox"/> Left Lower Limb      <input type="checkbox"/> Right Lower Limb</p> <p>Type: <input type="checkbox"/> Ankle Foot Orthosis    <input type="checkbox"/> Knee Ankle Foot Orthosis    <input type="checkbox"/> Supra Malleolar Orthosis    <input type="checkbox"/> Other</p> <p>Articulated/Hinge: <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Please describe:</p>
<p>Prosthetic</p>	<p>Side: <input type="checkbox"/> Left Lower Limb      <input type="checkbox"/> Right Lower Limb</p> <p>Level: <input type="checkbox"/> Above Knee      <input type="checkbox"/> Below Knee</p> <p>Suspension System. <input type="checkbox"/> N/A <input type="checkbox"/> Vacuum <input type="checkbox"/> Suction <input type="checkbox"/> Locking Pin <input type="checkbox"/> Belts and straps  <input type="checkbox"/> Other. Please describe:</p> <p>Prosthetic Components (select all that apply): <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Foot with climbing shoe <input type="checkbox"/> platform</p> <p>Is any component of your prosthetic powered by electricity: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>Communication Equipment for VI impaired athlete</p>	<p>Please describe method of connectivity:</p> <p>Please describe method of securing communication equipment on athlete end:</p> <p>Make / Model:</p> <p>Other details:</p>
<p>Blindfold</p>	<p><input type="checkbox"/> Use own blindfold. Please describe:</p> <p><input type="checkbox"/> Use the one provided by the IFSC</p>
<p>Any other equipment:</p>	<p>Please provide details (location used, equipment description):</p>

Athlete Signature: \_\_\_\_\_ Date: \_\_\_\_\_