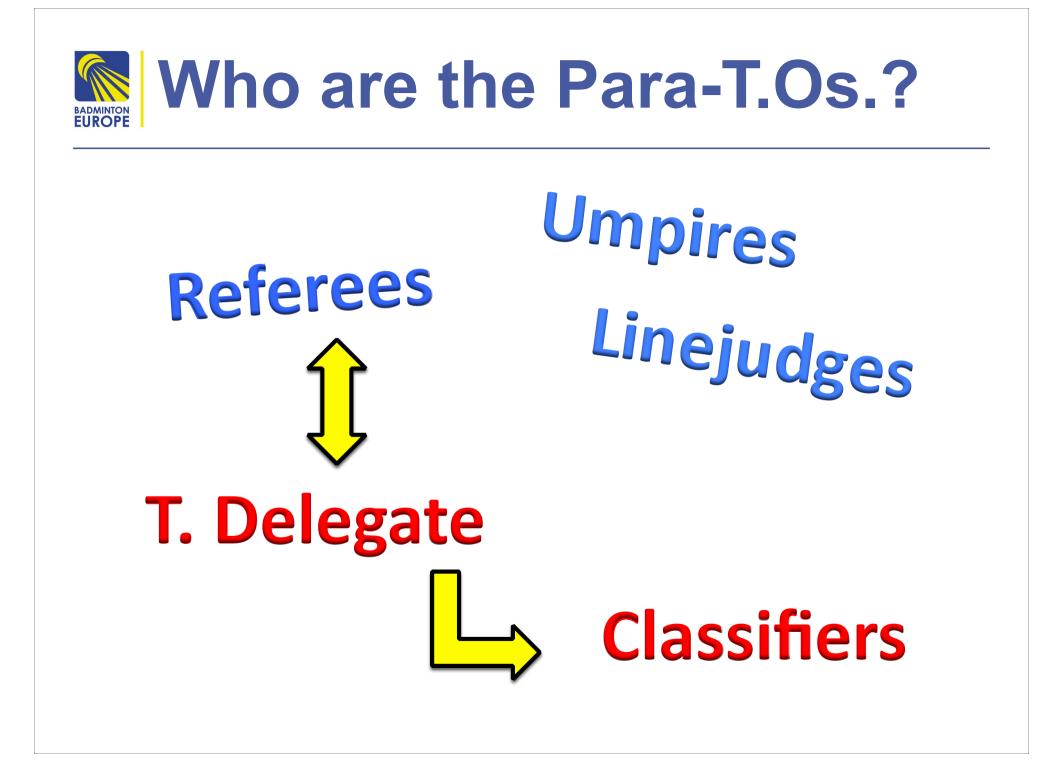


Para-Badminton Technical Officials

Conduted by Carmen Martínez Villanueva

BEC and PBWF Referee Technical Para-Badminton Delegate Spanish National Para-Badminton Coordinator National Coach Level 3 BEC Coach Level 1 Member of the European Para-Badminton Commission





- About scheduling and organization:
 - Classification meeting (2 days before)
 - ✓ Classification process (1 day before)
 - Team Manager's meeting (as usual)
 - ✓ Re-entries (after classification)
 - ✓ Team Manager's (draws)

How to enter a new player... BADMINTON EUROPE

You must send forms 1 and 2 (medical) diagnosis) one month before the tournament to: classification@bwfbadminton.org

You must attend to the classification meeting (2 days before)

asthesis / sport wheelchair / rackets / playing and requests made by the Classification ising prior to or during the course of

Appendix 7 Form 1 - Para-Badminton Medical Information Form Nets:: This form must be completed by the player who is seeking classification for competition. All information provided will be reacted as CONTRONTAL.		Appendix 8 Form 2 - Para-Badmintor Evaluation Consent Fo
succepting classification for competition. All information of	(Print in CAPITAL LETTERS)	COUNTRY
Note: - This form must be completed by the player who is Seeking - treated as CONFIDENTIAL. Please type on this form - and when completed print out, sign and bring along to the Classification process. — motion diagnosis - for example medical maging, X-rays etc. This information will be recorded in the — motion diagnosis - for example medical maging, X-rays etc. This information will be recorded in the — motion diagnosis - for example medical maging, X-rays etc. This information will be recorded in the — motion diagnosis - for example medical maging Z-rays etc. This information will be recorded in the — motion diagnosis - for example medical maging Z-rays etc. This information will be recorded in the — motion diagnosis - for example medical maging Z-rays etc. This information will be recorded in the — motion diagnosis - for example medical maging Z-rays etc. This information will be recorded in the — motion diagnosis - for example medical maging Z-rays etc. This information will be recorded in the — motion diagnosis - for example medical maging Z-rays etc. This information will be recorded in the — motion diagnosis - for example medical maging Z-rays etc. This information will be recorded in the — motion diagnosis - for example medical maging Z-rays etc. This information will be recorded in the — motion diagnosis - for example medical maging Z-rays etc. This information will be recorded in the — motion diagnosis - for example medical maging Z-rays etc. This information will be recorded in the — motion diagnosis - for example medical maging Z-rays etc. This information will be recorded in the — motion diagnosis - for example medical maging Z-rays etc. This information will be recorded in the — motion diagnosis - for example medical maging Z-rays etc. This information will be recorded in the technological maging Z-rays etc. This information will be recorded in the technological maging Z-rays etc. This information will be recorded in the technological maging Z-rays etc. This information will be re	(TERS)	
Note: - This form must be completed print out, sign and bring along to the Classification process: treated as CONFIDENTIAL. Please type on this form - and when completed print out, sign and bring along to the Classification process: Please type on this form, medical diagnosis - for example medical imaging, X-rays etc. This information will be recorded in the Please type on this form - and when example medical imaging, X-rays etc. This information will be recorded in the Please type on this form - and when example medical imaging, X-rays etc. This information will be recorded in the Please type on this form - and when example the type of the second please of the type of type of type of the type of typ	I hereby agree to: Ath	DATE
treated as Conviction	Ath	lete Declaration and Acknowledgment
treetet as Control Pieae fayo on this form – ond when completed print out, super- Pieae provide copies of any medical dispension – for example medical imaging, X-rays etc. This information with environment Pieae provide copies of any medical dispension – for example medical imaging, X-rays etc. This information with Were also as a super- Bierre dispension of the super-s	Undergo	Declaration
predict of any medical diagnosis - Joi with the BWF Licensing Predigmout	administer classification	auton and Actu
Please provide copies of a constraint of the second and the second	tered by the door process	- nowledgm
Please type on Please provide coales of any medical diagnosis – for example in the BWF Licensing <u>Coassander</u> for Function BWF Pare-Badminton database in accordance with the BWF Licensing <u>Coassander</u> for Function Limitations due to pain are not taken into account for the purposes of classification if that is the only condition.	Bringing the s	outlined
stations due to pain are not taken mi	Charled ing y complex	Classification the BWE P
Liniver	to thes) to the imagine Medical	Para-Badmin
1. PLAYERS DETAILS	Coor Classification Preports) and	lete Declaration and Acknowledgment outlined in the BWF Para-Badminton Classification Reg Classification Panel. formation Form including all the necessary medical info ecords and equipment (prosthesis / sport wheelcalar / t. Willy with the instructions and requests made by the Cla and to ensure i follow the BWF payers' Code of coduring the standard state are with the ensure. Test as a defined in the tree.
1	Panel Panel	Information Form including all the necessary medical info ecords and equipment (prosthesis / sport wheelchair / t, Why with the instructions and requests made by the Cla and the ensure i follow the BWF players' Code of Condu tests as defined in the Classification. We Ferst
	Player including due to the k	ecords and equipment (prosthesis / sport whee(chail in for the equipment (prosthesis / sport whee(chail / in for it))) where the instructions and request made by the Chail and to ensure i follow the BWF players' Code of Condu- ted and the ensure if the suits of the classification of the Classification where the instruction of the classification of the Classification where the suits of the Classification of the Classification where the suits of the Classification of the Classification of the Classification where the suits of the classification of the Classifi
FAMILY NAME	Evaluation to lisclosing detail	"If prosthesis / sports medical info illing with the instructions and request made by the Club and to ensure / follow the dwy Pajvers' Code of Condu- L. If do not agree with the results of the Club info cess as advated are with the results of the Club info wer Evaluation process (where such desuit) vide my activity on and ever- used for education.
	Respect to the Classific of any me	sport wheeler info
GIVEN NAMES	agree to the findings and incation Panel	dication the instruction
tubet passport do you now		
NATIONALITY (White Provide Antipara Badminton)	Be videotana	oure I follow the using prises made by a
NATIONALITY (who'r (what country do you represent in Para-Badminton)	and respects and photo	If I do not a the BWF Player to or dust
COUNTRY	competition is all times maphed due	ess as defined with the
DATE OF BIRTH (DD.MM.(YYY)) DATE OF DIRTH (ETTERS)	understand wight to prive the Pla	in the Classic of a
DATE OF BIRTH (USE COS)	(nese picture) to it	ver Evaluation
	es may be	rude my action process (we
(Find the		sed for education and our such is a
2. MEDICAL DIAGNOSIS		cional purpos
(Print In Certain Control of Cont	and respects at all times my right to privacy) to competition. I understand these pictures may be	and "to ensure if follow the Baye prior to or during the Cas and to ensure if follow the Baye prior to or during the Cas and to ensure if follow the Baye privars: "God or Cas it if I do not agree with the results of the Classification est as defined in the Classification Resultations: "Yer Evaluation process (where such is appropriate, nece used for educational purposes;
contaile of the medical diagnosis. Include and injuries / diseases; Head injuries/		"s the
Please provide brief decurs of pinar core and		
bleas provide units body, for example: Congenital conditions, sur Peripheral Nerve lesions: Arthrodesia of joints.		
Peripheral Nerve Jestanov		

How to enter a new player...

 Get your players ready for the classification process: medical examination and practical test (1 day before).

Our Classifier also will take a look at your player during the tournament (review).



What's the status?

N = New
R = Review
C = Confirmed
NE = NOT ELIGIBLE

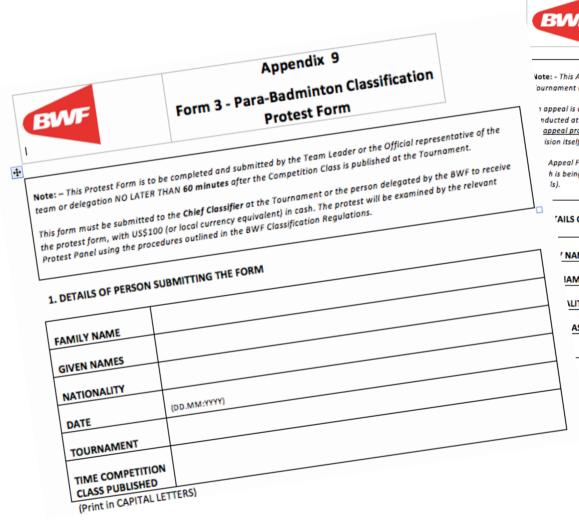




amily name	Name	Male	Female	Under 18 years	No citizenship of represented country	BWF ID number	Single	Double	Mixed	Class ification status	Needs new classification yes / no	Partner - level doubles / class / BWF number	Partner - mixed doubles / class / PBWF number
Vheelchair - WH 1													

ENTRY FORM





Appendix 10 Form 4 Para-Badminton Appeal Form

Note: - This Appeal Form is to be completed and submitted by the Official representative of the team attending the ournament or a Member Association / recognized BWF Para-badminton organisation,

appeal is a <u>formal objection to the manner in which Classification Procedures</u> are followed or the way a Protest was nducted at a Para-Badminton Tournament. The **BWF Disciplinary Committee** has jurisdiction only to <u>review through</u> <u>appeal process, the procedures used in classification decisions and protests</u> – and not the classification/ or protest ision itself.

Appeal Form must be submitted to <u>parabadminton@bwfbadminton.ora</u> NO LATER THAN 14 days after the incident h is being appealed. This form must be submitted with US\$100 paid into the BWF account (see below for bank ls).

AILS OF PERSON SUBMITTING THE FORM



After classification you will receive the documents for the re-entries process.

Pan Am Para-Badminto	-entries	ntries		-
Country: SPAN				BWF
Event #g MS SL3, XD SL3 - SLIS	-			1
# g. MS SL3, XD SL3 - SU5	Name Corp. und Th. Inc. 1	10	Gender	Country
THE AD ALL AD ALL - SUS	STEPHEN DURAN	10	Gender MALE	
# g. MS SL3, XD SL3 - SU5	the second se	0		Country FRANCE SPAIN

- Technical Delegate will inform you about the time to deliver your re-entries.
- When indicated, there will be a new meeting to check the draws after re-entries (hand by T.D.)

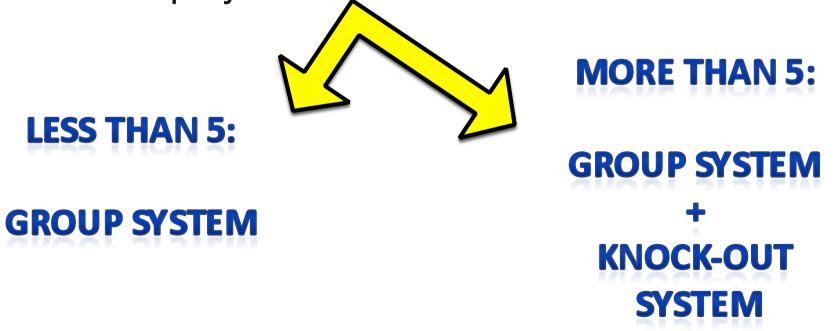
What's the rol of T.D.?

- Receive and accept entries.
- Onexión with classifiers, referees and teams.
- Prepare the draws following the regulation.
- Handle the general process and scheduling.
- Resolve any problem or question you could have during the tournament
- Others...





- An official draw is made with 4 or more players from 3 or more different countries.
- Type of tournamet is determinated by the number of players

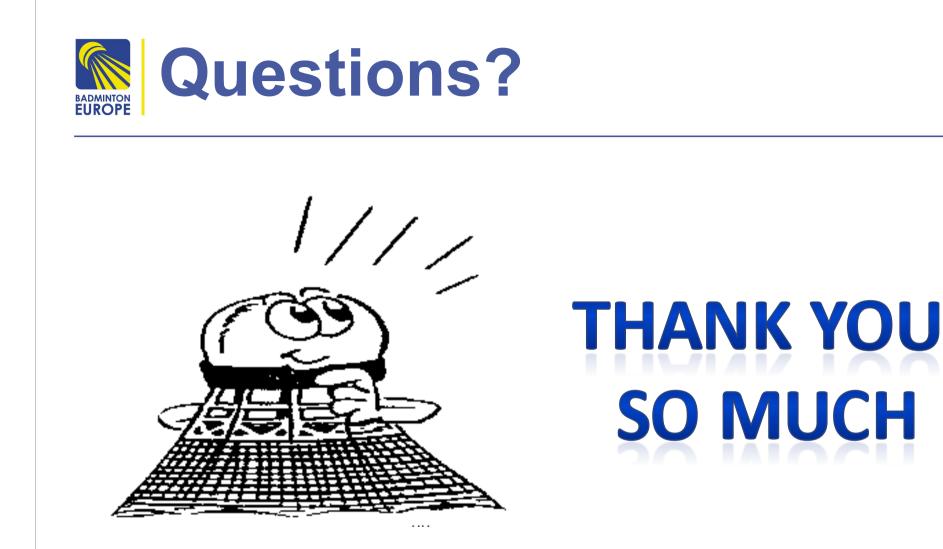




Md/Wd/Xd WH1-WH2= maximum 3 points Md SL3-SL4= maximum 7 points Wd/Xd SL3-SU5= maximum 8 points Md SU5= maximum 10 points







Carmen Martínez Villanueva cmvillanueva@hotmail.es