

Adaptation Application Form

ATHLETE INFORMATION				
Last Name:		First Name:		<input type="checkbox"/> Male <input type="checkbox"/> Female
UCI Code:		Sport Class:		Status:
Date & place of Last Classification:				

EQUIPMENT INFORMATION				
Type of adaptation:	<input type="checkbox"/> Prosthesis	<input type="checkbox"/> Orthosis	<input type="checkbox"/> Frame adaptation	<input type="checkbox"/> Handlebar adaptation
	<input type="checkbox"/> Support	<input type="checkbox"/> Other:		

DESCRIPTION OF THE ADAPTATION AND THE ATHLETE'S DISABILITY

PICTURES THE ADAPTATION (ATTACHED TO THIS FORM)					
<input type="checkbox"/> Front	<input type="checkbox"/> Rear	<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> Above	<input type="checkbox"/> Below

APPROVAL OF THE NATIONAL CYCLING FEDERATION			
Country:		Country code:	
Last Name:		First Name:	
Position:		E-mail:	
Date of Approval:			

This form must be approved by the National Federation who will submit it by e-mail to the UCI at classification@uci.ch.