



New Zealand Wheelchair Rugby 'Social' Player Application Form

Intention of the Social Dispensation:

Applications for a '**Social (S)**' classification will be reviewed by a subcommittee of at least three people. Any '**Social (S)**' classification issued will be valid for one season and will not be recognised at the NZ Low Point Nationals or NZ Nationals.

This intention of the '**Social (S)**' classification is to:

- Assist new athletes while they learn and develop into the game of Wheelchair Rugby
- Allow athletes to remain involved in the game if fitness/ability is affecting their competitiveness *NB: if an athlete feels their condition has changed, please contact the Head Classifier – Sara Edwards.*
- Assist developing regions to compete in tournaments when a reduced player base may limit their ability to field an appropriate point line up
- Allow players who are not eligible under IWRF classification rules to play at a class lower than that of Able Bodied or Paraplegic athletes

Note: NZWR recognises the importance to protect athletes for whom Wheelchair Rugby is designed for. It also recognises the need to develop athletes in their official classification, as such these will be two primary factors considered during each application.



Application for a Social team in WRC

To be considered for a social grading complete the following form, and allow three weeks for an official decision.

Athlete Name			
Team (Region)			
Official Classification		Proposed Classification	
Number of years playing/training			

If the athlete has not yet been classified – what do you believe his/her classification should be?

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Why do you believe this athlete is eligible for a **Social (S)** classification?

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NEW ZEALAND WHEELCHAIR RUGBY

If a **Social (S)** grading was not awarded, how would this disadvantage your team?

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Explain how this grading would not diminish court time for other athletes (in particular those with an official classification)?

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How would the grading be fair to other players / teams

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Please specify any other relevant information?

Name : _____

Signed _____

Date _____