



## INTERNATIONAL FEDERATION OF SPORT CLIMBING

### IFSC CLASSIFICATION PROTEST FORM

#### 1. ATHLETE INFORMATION

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Gender:      Female       Male       Date of Birth  
(dd/mm/yyyy): \_\_\_\_\_

NPC/NF: \_\_\_\_\_ Country: \_\_\_\_\_

Sport Class: \_\_\_\_\_ Sport Class Status: \_\_\_\_\_

Sport: \_\_\_\_\_

#### 2. Protest launched by:

Organisation:      NPC       IPSF       Position: \_\_\_\_\_

Name: \_\_\_\_\_

Date (dd/mm/yyyy): \_\_\_\_\_

Location (city and country): \_\_\_\_\_

With my signature I hereby acknowledge that, in case of Unsuccessful Protest, the amount due for the Classification Protest (100€ / protest) will be invoiced from the IFSC to my Member Federation upon receipt of the present form.

Signature: \_\_\_\_\_

#### 3. REASON FOR THE PROTEST

Please reference the relevant article(s) of the IFSC Classification Rules and regulations:



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### 4. PROTEST ACCEPTED/DECLINED

Protest Accepted  Protest Declined

If declined, please specify the reason:

If accepted, time and location of reassessment:

**Chief Classifier name:**

Signature

Date:

### 5. OUTCOME OF THE PROTEST

NPC/NF contact person submitting the medical review request:

Sport Class changed  Sport Class did not change

Sport Class after Protest:		Sport Class Status after Protest:	R <input type="checkbox"/>	C <input type="checkbox"/>
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Chief Classifier signature:

NPC/NF representative signature: