



Türkiye Taekwondo Federasyonu
Turkish Taekwondo Federation

P30-P50-P70 SINIFLANDIRMA İÇİN GEREKLİ BELGELER

NÖROLOJİK BOZUKLUĞU OLAN SPORCULAR -HİPERTONİ-SPASTİSİTE- ATHETOZ-DİSTONİ-ATAKSI (P30)

- **Sporcu için kriter:** Başlıkta ismi geçen yetersizliklerden birine (Merkezi Sinir Sistemi (MSS) ile ilgili bir soruna (örneğin: serebral palsi, beyin yaralanması veya omurilik yaralanması) sahip olmalıdır.
- WT MDF (*Ek bakınız*)
- Tıbbi Rapor: Sporcunun nörolojik durumunu göstermelidir. (Örn: CP, ataksi, distrofi, vb. tanı belgeleri). Raporda durumun kalıcı olduğu belirtilmeli, gerekli tanı bulguları eklenmelidir (EMG, MR, tomografi, genetik testi vb.).
- Fotoğraf (Duvar önünde bütün vücudunu gösterir şekilde, anatomik pozisyonda ve çorapsız)

YARDIMCI CİHAZ-TEKERLEKLİ SANDALYE- SAHİP SPORCULAR (P50)

- **Sporcu için kriter:** Aşağıdaki yetersizliklerden birine sahip olmalıdır.
 - Ekstremitte yetersizliği: Travma veya kanser gibi amputasyonlar ya da doğuştan malformasyonlar, örn. dismeli).
 - Kas gücü kaybı: (Periferik Sinir Sistemi “PNS” yaralanmaları örn. Brakial Pleksus veya Merkezi Sinir Sistemi “CNS” durumları örn. beyin veya omurilik yaralanması ile ilgili olabilir).
 - Pasif Hareket Açısı kısıtlılığı: Örn: eklem kontraktürü veya ankiloz).
 - Nörolojik durumlar: Hipertoni / Spastisite, Athetoz, Distoni veya Ataksi vb.
- WT MDF: Kullanılan yardımcı cihazın türü belirtilmelidir. (*Ek bakınız*)
- Tıbbi Rapor: Sporcunun ayakta durma dengesini sağlamak için yardımcı cihazlara veya günlük yaşamda tekerlekli sandalye kullanımına ihtiyaç duyduğunu göstermelidir. (Örn: CP, ataksi, distrofi, vb. tanı belgeleri). Raporda durumun kalıcı olduğu belirtilmeli, gerekli tanı bulguları eklenmelidir (EMG, MR, tomografi, genetik testi vb.).
- Fotoğraf (Duvar önünde bütün vücudunu gösterir şekilde, yardımcı cihazla birlikte)

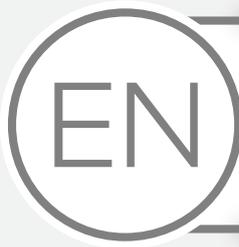
KISA BOYLU SPORCULAR (P70)

- WT MDF: Sporcunun herhangi bir gövde korsesi veya cihazı kullanıp kullanmadığı belirtilmelidir. *(Ek bakınız)*
- **Erkek sporcu için kriterler:** Ayakta boy uzunluğu ≤ 145 cm, kol uzunluğu ≤ 66 cm, ayakta boy uzunluğu ile kol uzunluğu toplamı ≤ 200 cm; **Kadın sporcu için kriterler:** Ayakta boy uzunluğu ≤ 137 cm, kol uzunluğu ≤ 63 cm, ayakta boy uzunluğu ile kol uzunluğu toplamı ≤ 190 cm olmalıdır.
- Fotoğraf (Duvar önünde bütün vücudunu gösterir şekilde ve anatomik pozisyonda, (varsa) gövde korsesiyle beraber ve korsersiz olarak)

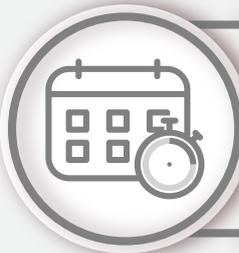
TÜM BELGELER İNGİLİZCE OLARAK SUNULMALIDIR

MDF, raporlar ve tüm belgeler PDF formatında taranmalıdır.

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Türkiye Taekwondo Federasyonu



- This form must be completed in **ENGLISH** by the Member National Association (MNA)'s physician or team doctor.



- Must be submitted by **REGISTRATION DEADLINE** of the event through <https://db.ipc-services.org/wtcs/app/login>



- Must have **MEDICAL REPORT in ENGLISH** submitted to WTCS.



- **PHOTO** of the athlete is **MANDATORY**.
- See **PHOTO GUIDE** next page
- Must be submitted also to WTCS under supporting documents.

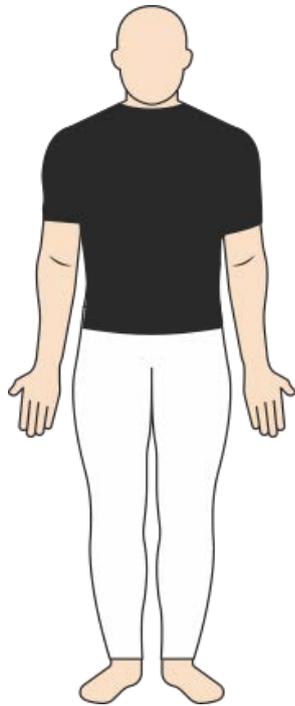


- The Assessment group may ask for further documents to be submitted depending on the individual athlete's health condition and impairment.

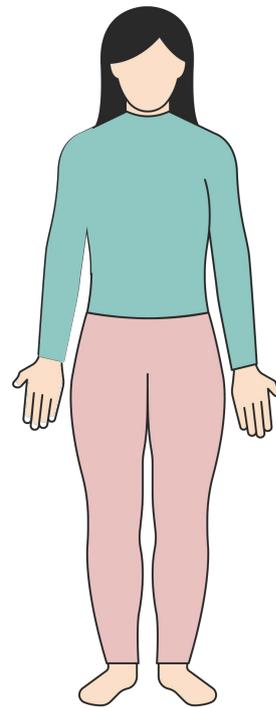


- For further information, please contact Para Taekwondo Department at classification@worldtaekwondo.org

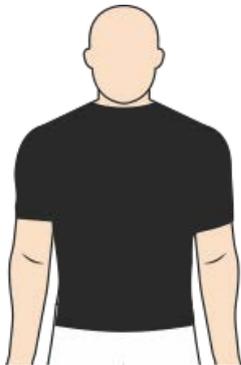
PHOTO GUIDE



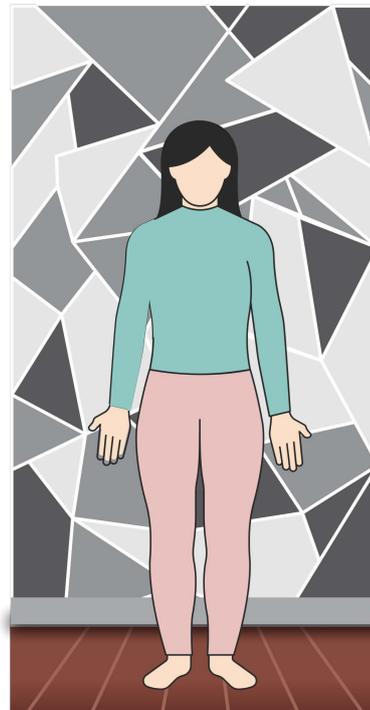
Anatomical position
& full body photo



Clear background



Part body photo



Background



Athlete Information

First Name:	Last Name:
Date of Birth <i>dd/mmm/yyyy</i> :	Gender:
Discipline:	How long competing:
Member National Association:	WT License:

Eligible Impairment (s):

Hypertonia/ Spasticity	Athetosis	Dystonia	Ataxia
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Underlying Health Condition:

Brain injury	Brain stroke	Spinal cord injury	Cerebral Palsy
Others, specify:			

Details of the impairment *(Please give details of the medical condition, severity and how many limbs affected):*

Health condition is:
If acquired, age of onset:
Other health conditions:
Medication (s):

Declaration signed by MNA physician or Team doctor:

I confirm that the above information is accurate.			
Name:			
Health care profession:			
Professional registration number:			
Address:			
City:		Country:	
Phone:		E-mail:	
Date <i>dd/mmm/yyyy</i> :		Signature:	

CHECKLIST

Tick all applicable options

 Medical report *(must contain -clear diagnosis -severity -which limbs are affected -how stable is the condition.*

Others, please specify:



EN

- This form must be completed in **ENGLISH** by the Member National Association (MNA)'s physician or team doctor.



- Must be submitted by **REGISTRATION DEADLINE** of the event through <https://db.ipc-services.org/wtcs/app/login>



- Must have **MEDICAL REPORT in ENGLISH** submitted to WTCS.



- **PHOTO** of the athlete is **MANDATORY**.
- See **PHOTO GUIDE** next page.
- Must be submitted also to WTCS under supporting documents.

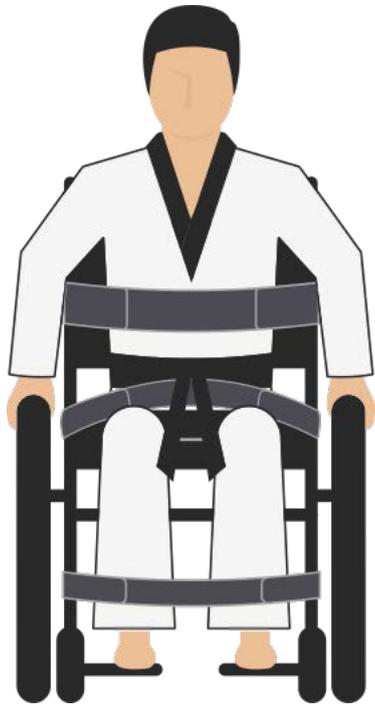


- The Assessment group may ask for further documents to be submitted depending on the individual athlete's health condition and impairment.



- For further information, please contact Para Taekwondo Department at classification@worldtaekwondo.org

PHOTO GUIDE



Frontal view, clear background
Wheelchair straps showing ✓



Impaired limbs
showing ✓



Impaired limb
not showing ✗



Background ✗

Athlete Information

First Name:	Last Name:
Date of Birth <i>dd/mmm/yyyy</i> :	Gender:
Discipline:	How long competing:
Member National Association:	WT License:

Eligible Impairment (s):

Hypertonia/ Spasticity	Athetosis	Dystonia
Limb deficiency	Impaired Muscle Power	Impaired Passive Range of Movement

Underlying Health Condition:

Brain or spinal cord injury	Brain stroke	Peripheral nerve injury	Cerebral Palsy
Amputation	Dysmelia/malformation	Joint contracture	Polyomyelitis
Others, specify:			

Details of the impairment *(Please give details of the medical condition, severity and how many limbs affected):*

Health condition is:
If acquired, age of onset:
Other health conditions:
Medication (s):

Declaration signed by MNA physician or Team doctor:

I confirm that the above information is accurate.			
Name:			
Health care profession:			
Professional registration number:			
Address:			
City:		Country:	
Phone:		E-mail:	
Date <i>dd/mmm/yyyy</i> :		Signature:	

CHECKLIST

Tick all applicable options

 Medical report *(must contain -clear diagnosis -severity -which limbs are affected -how stable is the condition.*

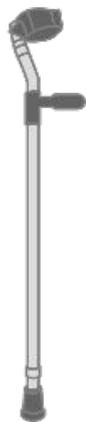
Others, please specify:

ASSISTIVE DEVICES

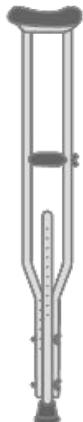
Medical Diagnostic Form
For athletes with Assistive Devices



Please tick which Assistive Device your athlete uses:



Forearm crutch



Auxiliary crutch



Four leg pyramid cane



Crab foot cane



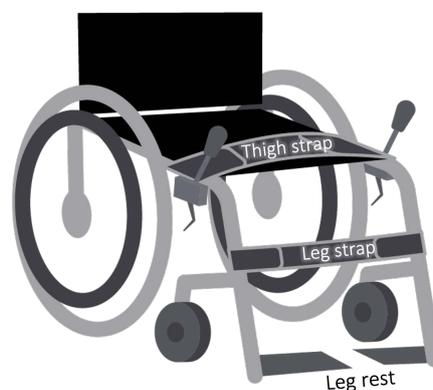
Reverse Walker



Anterior Walker



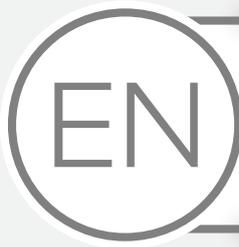
Long back wheelchair



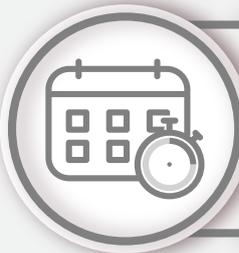
Short back wheelchair

INSTRUCTION

Medical Diagnostic Form For athletes with Physical impairments



- This form must be completed in **ENGLISH** by the Member National Association (MNA)'s physician or team doctor.



- Must be submitted by **REGISTRATION DEADLINE** of the event through World Taekwondo Classification System (WTCS) <https://db.ipc-services.org/wtcs/app/login>



- Any supporting documents (*e.g. photo or medical report*) must be submitted also to WTCS, and all documents **PRINTED** and **BROUGHT** with the athlete during the athlete evaluation session.



- **PHOTO** of the athlete is **MANDATORY**.
- See **PHOTO GUIDE** next page.
- Must be submitted also to WTCS under supporting documents.

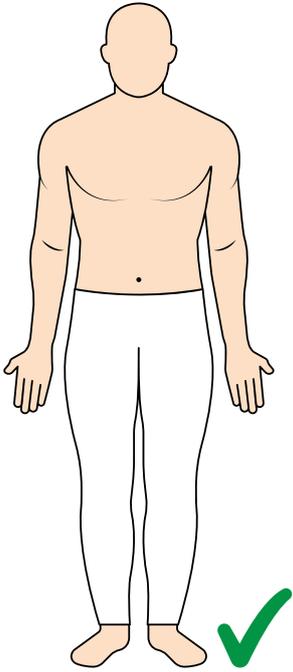


- The Assessment group may ask for further documents to be submitted depending on the individual athlete's health condition and impairment.

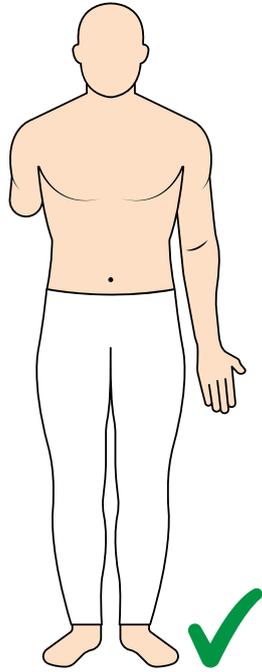


- For further information, please contact Para Taekwondo Department at classification@worldtaekwondo.org

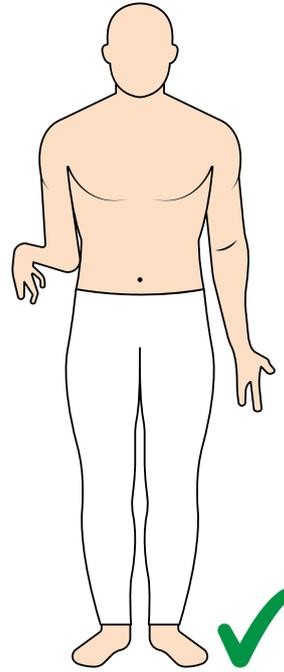
PHOTO GUIDE



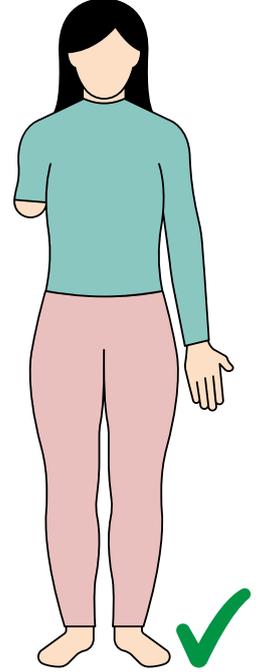
Anatomical position
& white background



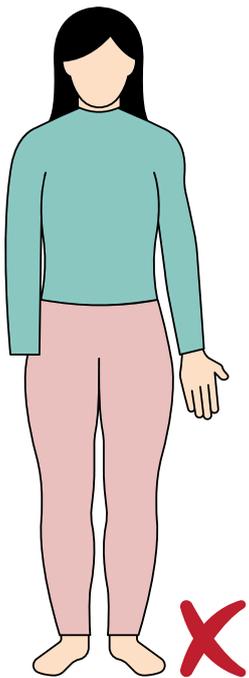
Amputation
or Dysmelia



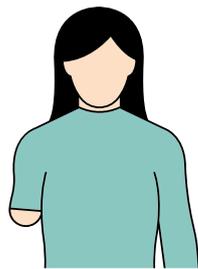
Arm contracture
stretched as possible



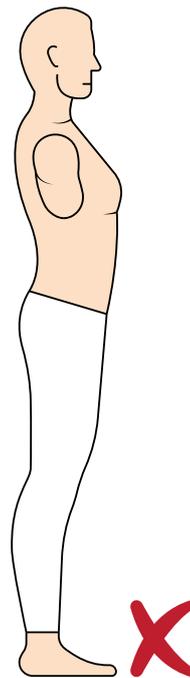
If wearing T-shirt,
affected arm(s) showing



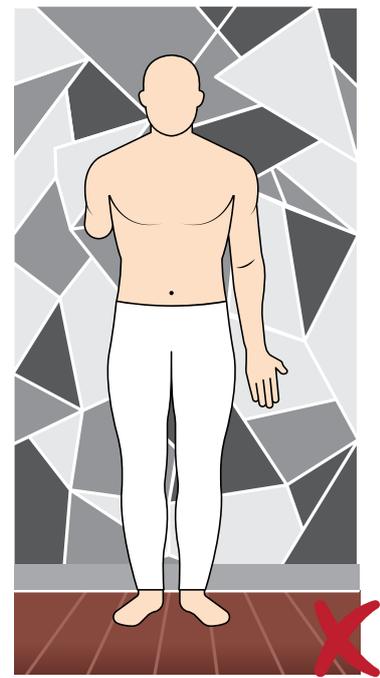
Affected arm(s)
not showing



Part body photo



Sideway photo



Background

**Athlete Information**

First Name:	Last Name:
Date of Birth <i>dd/mmm/yyyy</i> :	Gender:
Discipline:	How long competing:
Member National Association:	WT License:

Eligible Impairment type(s):

Limb deficiency	Impaired muscle power	Impaired passive range of movement
Leg length difference	Short Stature	

Underlying Health Condition:

Amputation	Dysmelia/ malformation	Brachial plexus	Brain or Spinal cord injury
Joint contracture	Peripheral Nerve injury	Poliomyelitis	Dwarfism
Others, please specify:			

Details of the impairment *(Please give details of the history how the impairment happened):*

Health condition is:		If acquired, age of onset:	
Using any adaptive devices		If yes, please describe:	
Anticipated future procedure(s):			
Medication (s):			

Declaration signed by MNA physician or Team doctor:

I confirm that the above information is accurate.			
Name:			
Health care profession:			
Professional registration number:			
Address:			
City:		Country:	
Phone:		E-mail:	
Date <i>dd/mmm/yyyy</i> :		Signature:	

CHECKLIST*Tick all applicable options*

Photo

Medical report

Electromyograph "EMG"

Nerve conduction test

Others, please specify:



WT Classification System - Eligibility Agreement

WTCS is a web-based application designed to securely capture, store and retrieve Para Taekwondo athletes' personal and classification data managed by the member national association (MNA's) supervised by the World Taekwondo. This Agreement commences on the date I sign below and, subject to the provisions set out below, continues, unless specified otherwise, in full force and effect until I cease to compete in WT Competitions.

1. I agree to comply with the World Taekwondo Athlete Classification Rules, WT Para Competition Rules and any other rules or regulations that apply to my participation in a World Taekwondo, Para Taekwondo competition. These documents may be amended from time to time and can be found on, or linked through, the World Taekwondo website or can be obtained upon written request to the WT Para Taekwondo Department and I understand that I am deemed to have read and understood them.
2. I agree that it is my responsibility as athlete or support personnel to be knowledgeable of, and comply with, all applicable policies, rules and processes established by WT Athlete Classification Rules. I will participate in Athlete Evaluation in good faith and to ensure, when appropriate, that adequate information related to Health Conditions and Eligible Impairments is provided and/or made available to WT. I will cooperate with any investigations concerning violations of these Rules and actively participate in the process of education and awareness, and Classification research, through exchanging personal experiences and expertise.
3. I agree and consent to World Taekwondo processing my personal data in the WTCS Classification System including my full name, copy of my passport/ID Card, classification documents e.g. MDF, photo evidence of impairment and medical information. As well as my name, country and sports class and sports class status being published by World Taekwondo and shared with third parties such as competition organisers.
4. I agree to comply with the requests from the classification evaluation committee. This includes providing enough documentation as to allow the classification evaluation committee to determine if the eligibility requirements for para taekwondo are met. I understand that if I fail to comply with any such request then the classification evaluation committee will not be able to provide an outcome.

5. I confirm that the information about myself I have provided in this Agreement (Personal Data) is true, complete and accurate. In accordance with the data protection laws applicable to the WT Competition, I acknowledge that:

- My Personal Data is being collected by the WT, and/or MNA and Local Organising Committees (LOCs) and such Personal Data is being stored and used by the WT, or my MNA and LOCs (including being transferred to or stored on the WTCS server), and the responsible host government, law enforcement, border services and security agencies and similar organisations authorised by WT (Third Parties) for the purposes of, and to the extent necessary in relation to, facilitating my participation in, and/or organising WT Competitions.
- My Personal Data, potentially including relevant sensitive personal data, is being transferred to Third Parties, and is being processed as necessary to grant me accreditation for WT Competitions.
- WT, LOC and Third Parties, may share amongst themselves my Personal Data for the purposes of investigating and/or prosecuting breaches of any of the WT Competition provisions, rules or by-laws.
- Any usage of my Personal Data for purposes not included in this Agreement may be based on my explicit consent to the WT, including to undergo athlete evaluation.

I understand that I may contact the World Taekwondo at: para-tkd@worldtaekwondo.org / classification@worldtaekwondo.org should I have any questions about the content of this Agreement and the use of my Personal Data.

I confirm that I have read and acknowledge all the provisions of this Agreement and that my signature below is authentic and is the signature of the participant named above.

Signature of Athlete

Date



Parental consent for minor participant

I, _____ the custodial parent and/or legal guardian of
_____, age _____, born _____, have read and understood the WT
Classification System - Eligibility Agreement.

Therefore, in consideration of the participation of the abovementioned child/minor in WT Para Taekwondo events, which participation I hereby expressly consent to, the applicable rules and regulations and policies and processes established by WT Athlete Classification Rules. I consent to my child participation in Athlete Evaluation and the provision of adequate information related to Health Conditions and Eligible Impairments to WT.

I consent that my child cooperates with any investigations concerning violations of these Rules and actively participates in the process of education and awareness, and Classification research, through exchanging personal experiences and expertise. Furthermore, I agree and consent to World Taekwondo processing my child's personal data in the WTCS Classification System including my child's full name, copy of my passport/ID Card, classification documents e.g. MDF, photo evidence of impairment and medical information as well as my child's name, country and sports class and sports class status being published by World Taekwondo and shared with third parties such as competition organisers.

I consent for my child to comply with the requests from the classification evaluation committee. This consent includes providing enough documentation as to allow the classification evaluation committee to determine if the eligibility requirements for para taekwondo are met. I understand that if my child fails to comply with any such request then the classification evaluation committee will not be able to provide an outcome.

Name custodial parent and/or legal guardian:

Date and signature:

Name and date of birth of the child:
