



# CLASSIFICATION APPLICATION FORM (MSV)

(Classification is valid for 12 months; matching the MSA registration period i.e. Jan – Dec. If a swimmer registers on or after September 1st, classification will be to the end of the following year – 16 months and you will need to renew each year unless you have a SAL card or Social Inclusion Card (or equivalent Classification paperwork) with an expiry date then the MSV Multi Class Classification will reflect that date.

## SWIMMER DETAILS-

Given Name: ..... Family Name: .....

Address: .....

Suburb: ..... State: ..... P/C: .....

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender: Male  Female

Phone: .....

Email: .....

(Medical documentation is also required to assist the classifier with providing a correct classification for the swimmer. This should be attached to this form)

Disability/Diagnosis: .....

.....

.....

Since: .....

Medical Conditions eg. Asthma, allergies related to swimming: .....

.....

Are you a member of a Masters Swimming Victoria Club? Yes No

Club Name: ..... Member Number: .....

## SWIMMER/CARER/PARENT CONFIRMATION -

I/ We confirm that the information provided in this form is true and accurate at the time of signing.

SwimmerName: ..... Signature: .....

Carer/Parent Name: ..... Signature: .....

Date: .....

Please return completed double sided form to:

**Attn:** Classification (Masters Swimming Victoria)  
Level 2 Sports House, 375 Albert Road, Albert Park VIC. 3206  
Phone: (03) 9682 5666 Or : [admin@mastersswimmingvic.org.au](mailto:admin@mastersswimmingvic.org.au)



Notes: (Office use only): .....

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Attached Copy of existing Classification from SAL/SV or others Yes

Expiry Date of existing Classification (if applicable).....

Card Number of existing Classification (if applicable).....

**CLASSIFIER CONFIRMATION**

*We hereby declare that:* .....

*is issued with a Masters Swimming Victoria (MSV) Classification of:*

*S....., SB....., SM....., Exceptions..... (if applicable).*

This Classification has been conducted to the best of our ability with the information provided.

**Swimming Victoria**

Print name: .....

Signature: .....

Date: .....

**Masters Swimming Victoria**

Print name: .....

Signature: .....

Date: .....

**OFFICE ONLY**

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Sent to SV: \_\_\_\_/\_\_\_\_/\_\_\_\_

SAL or other Card provided Y/N

Date Approved: \_\_\_\_/\_\_\_\_/\_\_\_\_

Data Entered in STG: \_\_\_\_/\_\_\_\_/\_\_\_\_

Swimmer Advised: \_\_\_\_/\_\_\_\_/\_\_\_\_