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# Adaptive Equipment Assessment Request Form

## Purpose of this form

This form is used to request an IGF assessment of Adaptive Equipment proposed for use by a Player during Classification and/or competition. The form records the equipment, intended use, supporting material and the operational decision needed before, during or after the Evaluation Session.

The assessment is limited to Classification and competition-use issues within the IGF Classification Rules. Where there is doubt about compliance with the Rules of Golf or Equipment Rules, IGF, the Classification Panel or other authorised person may seek advice from The R&A/USGA Rules of Golf and Equipment Standards experts.

## A. Player and National Federation details

| | |
|---|---|
| Player name | |
| Date of birth | |
| Gender | |
| Nationality | |
| National Federation | |
| NF contact person | |
| NF email / phone | |
| Event / Classification opportunity | |
| Current Sport Class / Status, if any | |
| EDGA / other classification history, if relevant | |

## B. Request type

☐ Equipment to be used at initial Evaluation Session

☐ Equipment to be used in Competition

☐ Change to equipment previously assessed by IGF

☐ Request for advice before Classification opportunity

☐ Equipment compliance concern raised by Classification Panel or IGF

☐ Other:_____

## C. Equipment description

| | |
|---|---|
| Equipment name/description | |
| Manufacturer/model, if applicable | |
| Is the equipment standard, modified or custom-made? | |

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| | |
|---|---|
| Body part, function or activity supported | |
| When will it be used? | ☐ During set-up/address ☐ During swing/stroke ☐ Putting ☐ Course movement ☐ Other<br><br>Comments: |
| Is the equipment required for all play or only specific situations? | |
| Will the same equipment be used in competition? | ☐ Yes ☐ No ☐ Not known |
| If no, explain why | |
| Photos/videos/specifications attached | ☐ Yes ☐ No |

## D. Equipment category

☐ Seating, strapping or stabilisation

☐ Prosthesis, orthosis, brace, support or splint

☐ Ball, tee setting or retrieval device

☐ Medical or circulatory aid used during play

☐ Wheelchair, seated cart or mobility equipment

☐ Modified glove, grip, strap or club attachment

☐ Visual or information aid

☐ Other:_____

## E. National Federation / Player declaration

The National Federation and Player should complete this section before submission.

| **Question** | **Answer/explanation** |
|---|---|
| What is the purpose of the equipment? | |
| What impairment-related limitation does it address? | |
| Does it replace, support or stabilise a body function relevant to playing golf? | |
| Does it change the way the Player holds a club, swings, addresses the ball, moves around the course or maintains stability? | |
| Does it create a mechanical release, alignment, power, acceleration or direction-guiding function? | |
| Does it remove or materially reduce the effect of the Player's impairment during golf tasks? | |

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| | |
|---|---|
| Has any advice, ruling or opinion been obtained from The R&A, USGA, a referee or equipment official? | |
| Has the equipment changed since any previous Classification or other assessment? | |

## F. Initial IGF screening

☐ Sufficient information received

☐ More information required before assessment

☐ Photos/video required

☐ Manufacturer details or technical specification required

☐ Evidence of intended competition use required

☐ Potential Rules of Golf / Equipment Rules issue identified

☐ Potential Classification impact identified

☐ Refer to Classification Panel

☐ Refer to The R&A / USGA advice route

☐ Not suitable for assessment on current information

| | |
|---|---|
| **Initial reviewer** | |
| **Date** | |
| **Information requested / comments** | |

## G. Classification Panel assessment

The Classification Panel should complete this section where the equipment is assessed as part of the Evaluation Session, Sport Class Assessment or Observation Assessment.

| **Assessment item** | **Panel record** |
|---|---|
| Equipment inspected in person? | ☐ Yes ☐ No ☐ Not applicable |
| Player assessed using the equipment? | ☐ Yes ☐ No |
| Player also assessed without the equipment? | ☐ Yes ☐ No ☐ Not required |
| Does use or non-use of the equipment affect Sport Class assessment? | ☐ Yes ☐ No ☐ Unclear |
| Is the equipment integral to the Player's ability to perform golf tasks? | ☐ Yes ☐ No ☐ Unclear |
| Is optimal use of the equipment relevant to the assessment? | ☐ Yes ☐ No |
| Does the equipment appear inconsistent with Rules of Golf / Equipment Rules? | ☐ Yes ☐ No ☐ Advice required |

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| | |
|---|---|
| Panel observations and reasons | |

## H. Decision/outcome

☐ Permitted for Classification assessment

☐ Permitted for Classification assessment with conditions

☐ Decision pending: further information required

☐ Decision pending: R&A / USGA advice requested

☐ Not permitted for Sport Class Assessment

☐ Equipment not considered because it is not intended for competition use

☐ AE designation required under Article 17.6.4

☐ AE designation not required

| | |
|---|---|
| Conditions/restrictions/verification requirements | |
| Equipment details to be recorded for chief referee/officials | |
| Rationale for outcome | |
| Outcome communicated to Player / NF on | |

| **Classification Panel member/reviewer** | **Signature:** _____ | **Date:** _____ |
|---|---|---|
| Chief Classifier or authorised IGF representative | Signature: _____ | Date: _____ |
| National Federation representative | Signature: _____ | Date: _____ |
| Player | Signature: _____ | Date: _____ |