



## Te Wānanga o Aotearoa Waka Ama New Zealand Long Distance Nationals 2018

### Adaptive Panui - September 2018

Due to the increase in number of adaptive paddlers, Waka Ama NZ has developed these guidelines for the upcoming Long Distance Nationals. These are only guidelines but we will endeavor to produce official rules in the near future.

#### **ADAPTIVE RACE DISTANCES**

| Waka | Distance | Divisions |                    |
|------|----------|-----------|--------------------|
| W6   | 16km     | Adaptive  | Mixed              |
| W1   | 8km      | Adaptive  | Men & Women        |
| W2   | 8km      | Adaptive  | Men, Women & Mixed |

#### **ADAPTIVE ENTRY GUIDELINES**

Adaptive W6 teams will all be entered as Mixed. To enter a W6 adaptive team into the Long Distance nationals:

- The entry must be completed through a club
- All paddlers must be verified and affiliated
- There must be a minimum of 3 adaptive and 3 able bodied paddlers
- At least 2 women

Please send the attached form to admin@wakaama.co.nz once your team is entered

#### For W1 events:

- if we have enough paddlers of classification to make up a W1 division we will, otherwise paddlers will compete against each other as "adaptive"
- W1 events will be rudderless unless otherwise approved

#### For W2 events:

• There must be a minimum of 1 able bodied paddler and 1 adaptive paddler

As per the event rules all adaptive paddlers (as with all able-bodied paddlers) must wear a lifejacket for the duration of the race.

Where anything is not covered in these guidelines, the Waka Ama NZ race rules will apply. If unsure whether a paddler qualifies as adaptive or if you have any further questions please contact <a href="mailto:admin@wakaama.co.nz">admin@wakaama.co.nz</a>



# **Adaptive Mixed W6 Team - Classification Form**

| Club:        |  |                              |   | Team Name: |             |   |
|--------------|--|------------------------------|---|------------|-------------|---|
| Paddler Name |  | Is this an paddler adaptive: | Official IVF/ICF Classification if known: |            | n if known: | If classification is not known, please provide a summary of the disability: |
|              |  | Y/N                          |   |            |             |   |
|              |  | Y/N                          |   |            |             |   |
|              |  | Y/N                          |   |            |             |   |
|              |  | Y/N                          |   |            |             |   |
|              |  | Y/N                          |   |            |             |   |
|              |  | Y/N                          |   |            |             |   |