



THE 38th OITA INTERNATIONAL WHEELCHAIR MARATHON (Nov.18, 2018)

ENTRY & MEDICAL IDENTITY FORM

(ALL ATHLETES & ACCOMPANYING PERSONS SHALL SUBMIT THIS FORM)

#Athletes will be charged 5,000yen for Marathon and 1,000yen for Half Marathon as entry fee.

PERSONAL INFORMATION

NAME (as in your passport)

first / middle / last

DATE OF BIRTH AGE SEX
/ / MALE FEMALE

month / day / year

*You must be 14 yrs. or older as of Nov. 18, 2018

ADDRESS (including apartment no., suite, floor)

APPLICATION AS:

ATHLETE
 ACCOMPANYING PERSON

TO: _____

Wheelchair user (escort):

YES NO

NEED DOCUMENT FOR VISA

YES NO

NATIONALITY: _____

PHONE

FAX

EMAIL

OCCUPATION

DAILY WHEELCHAIR: Collapsible Not Collapsible

FAREWELL PARTY (ALL FREE): Attend Not Attend

PHOTO

Please clip on your photo

RACE INFORMATION

ENTRY DIVISION : MARATHON HALF MARATHON

PARTICIPATION IN OITA : First Time Finished Not Finished

NAME OF COM./ ASSO. YOU BELONG TO AS ATHLETE: _____

WORLD PARA ATHLETICS ATHLETE REGISTRATION NUMBER IN THE SDMS: _____

PERSONAL BEST RECORD (marked during Sep.1, 2016 – Aug.31, 2018) * Attach the proof of your record.

TIME: : :
hrs. mins. sec.

AT: _____
name of race

ON: / /
month / day / year

TRAVEL INFORMATION

INTERNATIONAL FLIGHT

< ARRIVAL IN JAPAN >

/ / :
month / day / hrs : mins

port of boarding

arrival airport

flight no.

< DEPARTURE FROM JAPAN >

/ / :
month / day / hrs : mins

port of landing

departure airport

flight no.

TYPE OF ACCOMMODATION (Subject to Room Availability): SINGLE TWIN (Roommate:)

ACCEPTANCE OF RISK AND RELEASE OF CLAIMS

I and my accompanying person hereby agree to obey the rules, regulations and directions of Oita International Wheelchair Marathon. I understand that there is potential risk of serious injury or death by racing in this event. I understand the possibility of danger by falling during the race, influence of weather, contact with other athletes, traffic conditions, etc., and I will take responsibility for myself. In consideration of your accepting this entry, I hereby for myself and accompanying person, executors and administrators waive and release any and all rights and claims for damages I may have against the Oita International Wheelchair Marathon Organizing Committee, governors, officers, or the sponsors for any and all injuries suffered by me in said event. I attest and certify that I am physically fit and have sufficiently trained for competition in this event. I agree not to alter my running number in any way in this event. I and my accompanying person grant to the Oita International Wheelchair Marathon Organizing Committee the exclusive right to the free use of name, voice, and/or photograph in any broadcast, telecast, advertising, promotion or other account of this event.

SIGNATURE _____

DATE : / / 2018
month / day / year

CLASSIFICATION STATUS INFORMATION

T51 T52 T53/54

T33 T34

* If available, please attach your International classification certificate issued by WPA

Medical Diagnosis

SPINAL CORD INJURY

MOTOR LEVEL

C _____ TH _____ L _____

COMPLETE IMCOMPLETE

POLIOMYELITIS

AMPUTATION SA/K SB/K DA/K DB/K

DYSFUNCTION WITH C.P

LES AUTRES _____

SITTING BALANCE + -

MUSCLE TEST

		MMT		ROM	
		L	R	L	R
Shoulder	Flexion				
	Extension				
	Abduction				
	Adduction				
	Ext. Rotation				
	Int. Rotation				
Elbow	Flexion				
	Extension				
Forearm	Supination				
	Pronation				
Wrist	Flexion				
	Extension				
Fingers	MP flexion				
	MP extension				
	Abduction				
Thumb	Adduction				
	Opposition				
TOTAL	Extension				
	UPPER LIMBS				
Hip	Flexion				
	Extension				
	Abduction				
	Adduction				
Knee	Flexion				
	Extension				
Ankle	Dorsi Flexion				
	Plantar Flexion				
	Inversion				
	Eversion				
TOTAL	LOWER LIMBS				

ナンバー カード	
クラス 認定	・マラソン ・ハーフ