THE 43rd OITA INTERNATIONAL WHEELCHAIR MARATHON (Nov.17, 2024)

ENTRY & MEDICAL IDENTITY FORM

**(ALL ATHLETES & ACCOMPANYING PERSONS SHALL SUBMIT THIS FORM)**

**※An entry fee will not be charged for international participants.**

**PERSONAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME ( as in your passport ) | | | | | | | | | | | | | APPLICATION AS: | | PHOTO  Please clip on  your photo |
|  | | | | |  | | | | |  | | | □ ATHLETE  □ ACCOMPANYING PERSON  TO:  Wheelchair user (escort):  □YES 　□ NO | |
| first | | | | / | | middle | | | / | | last | |
| DATE OF BIRTH | | | | | | |  | AGE | | SEX | | |
|  | / | |  | / | |  |  |  | | □MALE □FEMALE | | |
| month | / | | day | / | | year |  | | |  | | |
| \*You must be 14 yrs. or older as of **Nov. 17, 2024** | | | | | | | | | | | | |
| ADDRESS ( including apartment no., suite, floor ) | | | | | | | | | | | | | NEED DOCUMENT FOR VISA  □YES □NO | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | NATIONALITY: |  |  |
| PHONE | |  | | | | | | | | | FAX |  | | |  |
| EMAIL | |  | | | | | | | | | OCCUPATION |  | | |  |
| FAREWELL PARTY (ALL FREE): □Attend □Not Attend | | | | | | | | | | | | | | | |

# 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, 2022 – Aug.31. 2024** )  **＊Attach the proof of your record.** | | | | | | | | | | | | | | | | | | |
|  | TIME: |  | : |  | : |  |  | AT: |  |  | ON: |  | / |  | | / |  |
|  |  | hrs. |  | mins. |  | sec. |  |  | name of race |  |  | month | / | day | | / | year |

**TRAVEL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| INTERNATIONAL FLIGHT |  | | / |  | / |  | | | : |  |  | |  | |
|  | month | | / | day | / | hrs | | | : | mins |  | |  | |
| < ARRIVAL IN JAPAN > | |  | | | | |  |  | | | |  | |  |
|  | | port of boarding | | | | |  | arrival airport | | | |  | | flight no. |
|  |  | | / |  | / |  | | | : |  |  | |  | |
|  | month | | / | day | / | hrs | | | : | mins |  | |  | |
| <DEPARTURE FROM JAPAN> | |  | | | | |  |  | | | |  | |  |
|  | | port of landing | | | | |  | departure airport | | | |  | | flight no. |
| TYPE OF ACCOMMODATION ( Subject to Room Availability ): □SINGLE □TWIN ( Roommate: ) | | | | | | | | | | | | | | |

**※Please send us your travel information by August 31st.**

**※Please note that the cancelation fees of the hotel and domestic flight will be charged if you change your flight.**

**MEASUREMENTS OF YOUR DAILY WHEELCHAIR AND RACING CHAIR ( RACING CHAIR BOX)**

|  |
| --- |
| DAILY WHEELCHAIR (cm ): Height Length Width |
| □Collapsible □Not Collapsible Weight (kg) |
| RACING CHAIR (cm): Height Length Width |
| Weight (kg) | |
| RACING CHAIR BOX (cm): Height Length Width | |
| Weight (kg) ※ with the racing chair in the box | |

**CLASSIFICATION STATUS INFORMATION**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | □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 | | | | | |  | | | | | | | | | | | |  | | | | |  |
|  |  | | | | |  |
|  | □OTHERS | | | | | |  | | | | | | | | | | | |  | | | | |  |
| SITTING BALANCE | | | | | | | | | | | | | | □+ □- | | | | | | | | | |  |
|  |
| Number  Card | | |  | | | | | | | | | | | | | |  | | | | | | | |  |
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|  | | | | | | | |  |

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**ACCEPTANCE OF RISK AND RELEASE OF CLAIMS**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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: |  | / |  | / | 2024 |  |
| month | / | day | / | year |  |

Mail to: OITA Sports Association for the Disabled, C/O 3-1-1 Otemachi, Oita City, 870-8501 JAPAN postmarked **August 31, 2024**