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: | PHOTOPlease clip onyour 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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | □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 | □+ □- |  |
|  |
| NumberCard |  |  |  |
|  |  |
|  |  |
|  |  |

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**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:  |  | / |  | / | 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**