



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)

_____ / _____ / _____
first middle last
 DATE OF BIRTH AGE SEX
 _____ / _____ / _____
month day year
 MALE FEMALE

*You must be 14 yrs. or older as of **Nov. 17, 2024**

ADDRESS (including apartment no., suite, floor)

PHONE

FAX

EMAIL

OCCUPATION

FAREWELL PARTY (ALL FREE): Attend Not Attend

APPLICATION AS:

ATHLETE

ACCOMPANYING PERSON

TO: _____

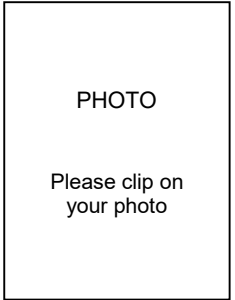
Wheelchair user (escort):

YES NO

NEED DOCUMENT FOR VISA

YES NO

NATIONALITY: _____



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: _____ : _____ : _____
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: _____)

※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 + -

Number Card	
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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