



# THE 44th OITA INTERNATIONAL WHEELCHAIR MARATHON (Nov.16, 2025) ENTRY & MEDICAL IDENTITY FORM

(ALL ATHLETES & ACCOMPANYING PERSONS SHALL SUBMIT THIS FORM)

※ Athletes will be charged 10,000yen for Marathon and 3,000yen for Half Marathon as entry fee.

## PERSONAL INFORMATION

NAME ( as in your passport )

APPLICATION AS:

first / middle / last

☐ ATHLETE

DATE OF BIRTH

AGE

SEX

☐ ACCOMPANYING PERSON

/ /  
month / day / year

☐ MALE ☐ FEMALE

TO: \_\_\_\_\_

Wheelchair user (escort):

☐ YES ☐ NO

\*You must be 14 yrs. or older as of Nov. 16, 2025

ADDRESS ( including apartment no., suite, floor )

NEED DOCUMENT FOR VISA

☐ YES ☐ NO

NATIONALITY: \_\_\_\_\_

PHONE

FAX

EMAIL

OCCUPATION

FAREWELL PARTY (ALL FREE): ☐ Attend ☐ Not Attend

PHOTO

Please attach  
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 Aug.1, 2023 – July 31, 2025 ) \* Attach the proof of your record.

TIME: : :  
hrs. mins. sec.

AT: \_\_\_\_\_  
name of race

ON: / /  
month / day / year

## TRAVEL INFORMATION ※Please send us your travel information by July 31st.

### International Flight To Japan

Airline	Flight Number	Departure Airport	Departure Time	Arrival Airport	Arrival Time

### Domestic Flight To Oita

Airline	Flight Number	Departure Airport	Departure Time	Arrival Airport	Arrival Time

### Domestic Flight from Oita

Airline	Flight Number	Departure Airport	Departure Time	Arrival Airport	Arrival Time

### International Flight from Japan

Airline	Flight Number	Departure Airport	Departure Time	Arrival Airport	Arrival Time

### Hotel information

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

※Please note that you will need **at least three hours** to transfer between international and domestic flights at **Haneda Airport (Tokyo)**, and **at least four and a half hours** to transfer between **Narita Airport and Haneda Airport**.

※Please note that hotel cancellation fees may apply 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 ☐ INCOMPLETE

□ SPINA BIFIDA

□ POLIOMYELITIS

□ AMPUTATION

☐ DYSFUNCTION WITH C.P.      ☐ SA/K      ☐ SB/K      ☐ DA/K      ☐ DB/K

## □ LES AUTRES

☐ OTHERS

## SITTING BALANCE

ナンバークード			
クラス認定		・マラソン ・ハーフ	

## 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:

/ / 2025

month / day / year