



THE 45th OITA INTERNATIONAL WHEELCHAIR MARATHON (Nov.15, 2026) 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:

- ATHLETE
 ACCOMPANYING PERSON

First / Middle / Last
DATE OF BIRTH / AGE / SEX
/ / / MALE FEMALE
Month / Day / Year

TO: _____
Wheelchair user
(Accompanying person):
 YES NO

PHOTO

Please attach
your photo here.
(This photo will be
used for the event
program.)

*You must be 14 yrs. or older as of Nov. 15, 2026

ADDRESS (including apartment no., suite, floor)

NEED DOCUMENT FOR VISA

YES NO

NATIONALITY: _____

PHONE _____ EMAIL _____

Emergency Contact Name (International) (Person to be contacted during your stay in Japan) _____

Emergency Contact Phone Number _____

FAREWELL PARTY (ALL FREE): Attend Not Attend

RACE INFORMATION

ENTRY DIVISION: MARATHON HALF MARATHON

PARTICIPATION IN OITA : First Time Completed DNF

AFFILIATED CLUB /ORGANIZATION: _____

WORLD PARA ATHLETICS ATHLETE REGISTRATION NUMBER IN THE SDMS: _____

PERSONAL BEST RECORD (marked during Aug.1, 2024 – July 31. 2026) * Attach the proof of your record.

TIME: _____ : _____ : _____ AT: _____ ON: _____ / _____ / _____
hrs. mins. sec. name of race month / day / year

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

✈ International Flight To Japan

Airline	Flight Number	Arrival Airport	Arrival Date	Arrival Time

✈ Domestic Flight To Oita

Airline	Flight Number	Arrival Airport	Arrival Date	Arrival Time

✈ Domestic Flight from Oita

Airline	Flight Number	Departure Airport	Departure Date	Departure Time

✈ International Flight from Japan

Airline	Flight Number	Departure Airport	Departure Date	Departure 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**.

※A cancellation fee will apply from 30 days prior to arrival and is the responsibility of the applicant.

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

SPINA BIFIDA

POLIOMYELITIS

AMPUTATION

DYSFUNCTION
WITH C.P

SA/K

SB/K

DA/K

DB/K

LES AUTRES

OTHERS

SITTING BALANCE

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:

/ / 2026

_____ / _____ / _____
month / day / year