



THE 30th ANNIVERSARY OITA INTERNATIONAL WHEELCHAIR MARATHON
ENTRY & MEDICAL IDENTITY FORM (Nov.14, 2010)
(ALL ATHLETES & ACCOMPANYING PERSONS SHALL SUBMIT THIS FORM)

PERSONAL INFORMATION

NAME (as in your passport)

first / middle / last

DATE OF BIRTH AGE SEX
/ / years MALE FEMALE
month / day / year

*You must be 14 yrs. or older as of Nov.14, 2010
ADDRESS (including apartment no., suite, floor)

PHONE FAX
EMAIL OCCUPATION

APPLICATION AS:

ATHLETE
 ACCOMPANYING PERSON
TO: _____
Wheelchair user : Yes



NEED DOCUMENT FOR VISA
 YES NO

NATIONALITY: _____

RACE INFORMATION

ENTRY DIVISION PARTICIPATION IN OITA
 MARATHON HALF MARATHON FIRST TIME / Finished Not Finished
 ATHLETE REGISTRATION _____

Name of National Association
 IPC ATHLETICS ATHLETE REGISTRATION NUMBER
IN THE SDMS (4 digit number) _____

PERSONAL BEST RECORD (marked during Sep.1, 2008 – Aug.31, 2010)

TIME: : : AT: ON: / /
hrs. mins. sec. name of race month / day / year
* attach the proof of your record

TRAVEL INFORMATION

INTERNATIONAL FLIGHT

ARRIVAL IN JAPAN

Nov. / / :
month / day / hrs : mins
port of boarding arrival airport flight no.

DEPARTURE FROM JAPAN

Nov. / / :
month / day / hrs : mins
port of landing departure airport flight no.

TYPE OF ACCOMMODATION (Subject to Room Availability)

SINGLE TWIN NAME OF ROOMMATE : _____

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 : month / day / 2010 year

CLASSIFICATION STATUS INFORMATION

T51 T52 T53/54
 T33 T34

* If available, please attach your International classification certificate issued by IPC

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 _____

SITTING BALANCE + -

ナンバー カード	
クラス 認定	・マラソン ・ハーフ

MUSCLE TEST

		MMT		ROM	
		L	R	L	R
Shoulder	Flexion				
	Extension				
	Abduction				
	Adduction				
	Ext. Rotation				
Elbow	Int. Rotation				
	Flexion				
Forearm	Extension				
	Supination				
Wrist	Pronation				
	Flexion				
Fingers	Extension				
	MP flexion				
	MP extension				
Thumb	Abduction				
	Adduction				
TOTAL	Opposition				
	Extension				
UPPER LIMBS					
Hip	Flexion				
	Extension				
	Abduction				
	Adduction				
Knee	Flexion				
	Extension				
Ankle	Dorsi Flexion				
	Plantar Flexion				
	Inversion				
	Eversion				
TOTAL					
LOWER LIMBS					