



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)

Taro / Bungo
first / middle / last

DATE OF BIRTH 11 / 1 / 1981 AGE 30 years SEX MALE FEMALE
month / day / year

*You must be 14 yrs. or older as of Nov.14, 2010
ADDRESS (including apartment no., suite, floor)
3-1-1 Ohte Street, Honolulu
Hawaii 96744
U.S.A.

PHONE 1 888 888 8888 FAX 1 888 888 8888
EMAIL oitamarathon@abc.com OCCUPATION Office Worker

APPLICATION AS:

ATHLETE
 ACCOMPANYING PERSON
TO: _____
Wheelchair user : Yes

NEED DOCUMENT FOR VISA
 YES NO

NATIONALITY: U.S.A.

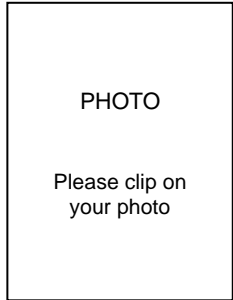


PHOTO
Please clip on
your photo

RACE INFORMATION

ENTRY DIVISION

MARATHON HALF MARATHON
 ATHLETE REGISTRATION USA Sports Association
Name of National Association

PARTICIPATION IN OITA

FIRST TIME / Finished Not Finished

IPC ATHLETICS ATHLETE REGISTRATION NUMBER
IN THE SDMS (4 digit number) 3333

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

TIME: 2 : 22 : 22 AT: 29th Oita Marathon ON: 10 / 25 / 2009
hrs. mins. sec. name of race month / day / year

* attach the proof of your record

TRAVEL INFORMATION

INTERNATIONAL FLIGHT

ARRIVAL IN JAPAN Nov. / 11 / 12 : 05
month / day / hrs : mins
Oahu Narita AA161
port of boarding arrival airport flight no.

DEPARTURE FROM JAPAN Nov. / 15 / 18 : 25
month / day / hrs : mins
Oahu Narita AA162
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 : 8 / 1 / 2010
month / day / 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				
	Extension				
TOTAL	UPPER LIMBS				
Hip	Flexion				
	Extension				
	Abduction				
	Adduction				
Knee	Flexion				
	Extension				
Ankle	Dorsi Flexion				
	Plantar Flexion				
	Inversion				
	Eversion				
TOTAL	LOWER LIMBS				