



## Para-Athlete Disability Certificate

**This form, or its substantial equivalent, must be completed and sent to the OSAA, [applications@osaa.org](mailto:applications@osaa.org) prior to the student participating at the State Qualifying Meet.**

There are two divisions for which a para-athlete may qualify, wheelchair participants and ambulatory.

- **Wheelchair:** Athletes with permanent physical disability on file with the school.
- **Ambulatory:** Athletes shall have a permanent orthopedic, neuromuscular or other physical disability. This would include Visually impaired, Cerebral Palsy, Dwarf, and Amputee. Permanent orthopedic impairment shall be verified by a licensed physician and maintained on permanent file at the school.

**Cognitively or intellectually disabled students are not defined as Para-Athletes.**

**Completion of this form does not confirm the student's eligibility at the school. Eligibility is subject to all other OSAA eligibility requirements. See OSAA Handbook, Rule 8, Individual Eligibility for additional information.**

Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
 Month / Day / Year

Activity or sport student wishes to participate in       Swimming       Track & Field

Events student wishes to participate in: \_\_\_\_\_

Name of Parents and Address of Joint Residence: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

School Currently Attending: \_\_\_\_\_ City: \_\_\_\_\_

### CERTIFICATION BY SCHOOL ADMINISTRATOR

I affirm that I am aware of the above student's intent to participate in the activity **as indicated** above.

Signature \_\_\_\_\_  
*Administrator* *Date*

### CERTIFICATION BY PARENT AND STUDENT

Under penalty of perjury, I affirm that the athlete is qualified to participate as a para-athlete for our school and must meet the eligibility criteria listed above.

Qualifying Disability: \_\_\_\_\_ *(Attach documentation if needed)*

Signature \_\_\_\_\_  
*Parent* *Date*

Signature \_\_\_\_\_  
*Student* *Date*

Signature \_\_\_\_\_  
*Physician* *Date*