PARA-SWIMMING SPORTS VERIFICATION FORM

The purpose of this form is to declare an athlete's eligibility for OHSAA para-swimming events in accordance with the criteria adopted by the Board of Directors and referenced in accordance with USA Para-Swimming guidelines. A copy of this form, which shall be submitted on a yearly basis, must be sent to the OHSAA and the original kept on permanent file with the athlete's high school. This form must be submitted no later than 5:00PM on Sunday February 2, 2025.

PART ONE: ATHLETE INFORMATION

Name _____Gender _____ Grade _____
Last First MI

PART TWO: HIGH SCHOOL INFORMATION

Name _____ Head Coach _____

Address _____,OH_____
Street City Zip

I certify that the above-named athlete meets all OHSAA eligibility requirements of age, residency, and academics.

_____ Title: _____ Date: _____
Signature of HS Principal OR Athletic Director

Name of Assistant (if any) who will accompany the student-athlete _____

PART THREE: PHYSICIAN'S CERTIFICATION (May not be a relative of the athlete)

I certify that I examined the above-named athlete applicant on _____**(Date),** certify that he/she meets the OHSAA Minimal Disability Criteria listed below and in the OHSAA Para-Swimming Event Eligibility Rules and Regulations for each category.

Diagnosis:
_____
_____
_____

_____ _____
Printed name of Physician Signature of Physician

PART FOUR: CATEGORIES FOR PARA-SWIMMERS – PHYSICIAN TO CHECK ONE

_____**CATEGORY ONE –** Non-ambulatory (uses a wheelchair) with limited use of all four extremities

_____**CATEGORY TWO** – Dwarfism, multiple limb deficiencies, ambulatory with assistance, can use a wheelchair with a high functioning upper body