



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.

PART ONE: ATHLETE INFORMATION

Name _____ Gender _____ Grade _____
Last First MI

Address _____, OH _____
Street City State Zip

PART TWO: HIGH SCHOOL INFORMATION

Name _____ Head Coach _____

Address _____, OH _____
Street City State Zip

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

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

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 _____
Address _____, _____
Street City State Zip
Phone: _____ Email: _____

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 _____

STRICTLY CONFIDENTIAL