



APPENDIX B

CONFIDENTIAL FORMS

ADAPTED SPORTS VERIFICATION FORM

The purpose of this form is to declare an athlete's eligibility for OHSAA wheelchair track and field events in accordance with Section 2.0 of Appendix A, Eligibility and Minimal Disability Criteria (see pp. 11-12). A copy of this form 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 _____
Street City State Zip

PART TWO: HIGH SCHOOL INFORMATION

Name _____ Head Coach _____

Address _____
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: _____

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

I certify that the above athlete applicant was examined by myself on _____ (Date) and meets the OHSAA Minimal Disability Criteria listed in Appendix A, Section 2.0 (pages 11-12) of the OHSAA Wheelchair Event Eligibility Rules and Regulations.

Diagnosis: _____

Printed name of Physician OR Classifier Signature of Physician OR Classifier

Address _____
Street City State Zip

Phone: _____ Email: _____

STRICTLY CONFIDENTIAL