



Oregon School Activities Association
 25200 SW Parkway Avenue, Suite 1, Wilsonville, OR 97070
 503.682.6722 http://www.osaa.org

Scan/Email to: applications@osaa.org

Para-Athlete Disability Certificate

This form, or its substantial equivalent, must be completed and sent to the OSAA, 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*