

## 2024 CLASSIC PARA-SWIMMING SPORTS VERIFICATION FORM

The purpose of this form is to declare an athlete's eligibility for Classic para-swimming events in accordance with the criteria adopted by the OHSAA Board of Directors and referenced in accordance with USA Para-Swimming guidelines.

### 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