

2025 Classic PARA-SWIMMING VERIFICATION FORM

The purpose of this form is to declare an athlete's eligibility for 2025 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 _____

Street _____ City _____, OH 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