JUNIOR DIVISION
MINIMAL DISABILITY CERTIFICATION FORM

NAME:___________________________________________________________________________

Last First Middle Nickname

ADDRESS: _______________________________________________________________________

Street City State Zip

AGE: __________ BIRTHDATE: _______________ (Attach copy of Birth Certificate) GENDER: ______

TEAM: ___________________________________________________________________________

I desire the opportunity to participate in wheelchair basketball. I shall abide by the rules and regulations, the purposes and principles of the National Wheelchair Basketball Association and the Junior Division. I recognize the good I can derive from fair and equitable participation in a properly administered program of wheelchair basketball. I recognize that through this medium I can be of inspiration and services to others.

SIGNATURE OF PARENT/GUARDIAN PLAYER APPLICANT SIGNATURE

DISABILITY CERTIFICATION:
I certify that the above player applicant was examined by myself on this date and meets the ELIGIBILITY criteria below:

NWBA Eligibility Criteria:
A wheelchair basketball player must have a permanent physical disability which consistently reduces the function of the lower limbs to a degree where they cannot run, pivot or jump at the speed and with the control, safety, stability and endurance required to play running basketball as an able bodied player. The disability must be such that it can be objectively verified by acknowledged medical and/or paramedical investigations such as measurement, X-ray, CT, MRI, etc.. Persons who have had hip or knee joint replacements and have provided confirmation of the relevant surgery from their attending physician or surgeon and supporting X-rays/scans are deemed to have met the eligibility criteria. Findings such as soft tissue contracture, edema or disuse atrophy, or symptoms such as pain or numbness without other objective findings shall not be considered a permanent lower extremity disability. For the purpose of NWBA Classification, degrees of pain and/or numbness are not considered measurable and permanent disabilities. An otherwise able-bodied player with a temporary disability, (involving for instance, the rehabilitative period following a surgery or a fracture) is not considered eligible, as the player would be expected to regain function within normal limits.

Minimal amputation is the First Ray of the foot.

Permanent Lower Extremity Disability: _________________________________________________

Diagnosis

__________________________
Signature Physician / NPI number

Name: ______________________________________________
Address: ______________________________________________

__________________________
Phone: ________________________________________________

PLAYER CERTIFICATION: (RECORDING PURPOSE ONLY)

__________________________
Signature of Team Representative Date

__________________________
Signature of Junior Conference Commissioner Date

__________________________
Signature of Junior Division Commissioner Date

REVISED APRIL 2016