

# Junior Division Minimal Disability Certification Form

Name: \_\_\_\_\_  
LAST FIRST MIDDLE NICKNAME

Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ (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 service 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 minimal disability criteria below:

To be eligible for play in the NWBA, a player must have an irreversible lower extremity disability such as paralysis, amputation, or radiological evidence of limb shortening, partial to full ankylosis or joint replacement, which consistently interferes with mobility. Findings such as soft tissue contracture, ligamentous instability, edema or disuse atrophy, or symptoms such as pain or numbness, without objective findings shall not be considered a permanent lower extremity disability. (NWBA Bylaws Article 3.1.A.)

Diagnosis of Permanent Lower Extremity Disability: \_\_\_\_\_

\_\_\_\_\_  
Signature of Classifier or Physician

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

## Player Certification

\_\_\_\_\_  
Signature of Team Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Junior Conference Commissioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Junior Division Commissioner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of NWBA President

\_\_\_\_\_  
Date