Junior Division
Minimal Disability Certification Form

Name:_____
Last First Middle Nickname

Address:_____
Street City State Zip

Age:_____ Birthdate:_____ *(Attach copy of Birth Certificate)*

Gender_____

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. (NBA Bylaws Article 3.1.A.)

Permanent Lower Extremity Disability:

_____
Diagnosis

_____
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 Commissioner Date