

OFSAA XC
 PARA AND GUIDE INFORMATION FORM

PLEASE NOTE: ATHLETES MUST BE REGISTERED USING **ON-LINE REGISTRATION!!**

Last Name: _____	First Name: _____
School Attending: _____	Association: _____
Grade: _____	Coaches Name _____
Gender: _____	Contact # (Cell) _____
Contact # (School) _____	_____

Disability Category Information Chart:

Category	Definition	Associated category #
Intellectual disability	Athletes with an IQ of 75 or less	T20
Visually Impaired	Athletes with: <ul style="list-style-type: none"> - No vision - Very limited vision - Limited vision 	T11 T12 T13
Ambulatory	Athletes who compete standing up: <ul style="list-style-type: none"> - Athletes with CP, brain injuries and/or neurological disorders - Loss or limited use of lower limbs - Loss or limited use of upper limbs 	(In each category, the higher the number the higher the function) T35 – 38 T42 - 44 T45 - 47

Disability Category:

Please check one (refer to above and/or the attachment from Athletics Ontario for category information):

√	Category	Approximate T classification	Additional Information
	Intellectual Disability	T20	
	Visually Impaired	T	
	Ambulatory	T	

Guide Information:

Will the athlete be using a guide during competition ? Yes No (please circle one)

Guide's Name: _____ Age: _____

Please Note: Athletes requiring a guide will need to provide their own.

Safety Standard: For safety and logistical purposes, Para athletes need to be able to finish a 3km distance in a maximum time of 28-30 minutes.

Please list the best time for a 3km distance for your athlete: _____ minutes

Coaches Signature: _____ Date: _____

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Information for OFSAA Race Announcements during the event: Please brag about your athlete!!

Please List your Athletes Previous Race Experience and accomplishments: _____

Association Championship Name: _____ Placing in the Para race: _____

OFSAA Para Category (please circle one):

Ambulatory

Visual Impairment

Intellectual Impairment