PAWC Request form

The first part of this form must be completed by your doctor

Personal Details:

First name: …… Surname: ……

Date of birth: ……. Nationality: ……

Address: ……..… Zip code: ……

Residence: ……..… Country: ……

Medical Physical / Psychiatric Diagnosis:

……
……
……

Disabled since: **…… (Date)**

At birth yes / no

As a result of illness: yes / no

As a result of accident yes / no

Use of transport devices: yes / no (by 'no' go to use of walking aids)

Electric wheelchair: yes / no

Scooter: yes / no

Other electric transport: yes / no

Manual Wheelchair: yes / no

Use of walking aids: yes / no (by 'no' go to artificial limbs)

Walker: yes / no

Crutches: yes / no

Cane (-s) (for ex. Blind cane): yes / no

Other walking aids: yes / no

Artificial limbs: yes / no (by 'no' go to other tools)

One forearm / arm / hand: yes = Left / Right / no
(Delete as applicable)
2 Forearms / arms / hands: yes / no
(Delete as applicable)
1 Foot / Leg /Thigh: yes = Left / Right / no
(Delete as applicable)
2 Feet / Legs / Thighs: yes / no
(Delete as applicable)

Other tools, namely: .....
.....

The quality and quantity of walking and running: (only to fill in for walking participants)

The own base-walking pace can be accelerated: yes / no

Running is possible: yes / no

While running, with maintaining the speed, a curve can be taken: yes / no

It is possible to keep the running for 2 minutes: yes / no

Are there during the walk / run balance disorders: yes / no

Clear, detailed description of the handicap compared to the agility sport:
(Why is the above person harmed if he / she would participate in the agility valid?)
.....
.....
.....
.....
.....

Chance of recovery: no partial full

filled in by:

Name (doctor): ……..
Address: ……..
Zip code / Residence:……..
Phone number: ……..
@-Adress: ……

official stamp of the doctor:

The next part of the application form is filled in by the participant.

Competition experience:

Only with disabled participants:	yes / no
Only with non disabled participants:	yes / no
Mixed not disabled and disabled participants:	yes / no
Within your own association:	yes / no
In your own country (where you live):	yes / no
International:	yes / no

Last matches:

Own association: …….. (Date)

Own country: …….. (Date)

International: …….. (Date)

To this form please add:

- A Medical certificate from your doctor
- 3 videos of matches, not older as 1 year
- Wheelchair / scoot mobile insurance copy, if you use one at the match.

Send this entire information to:

Susan Rekveld
susanrekveld@para-agility.nl

We need the COMPLETE information to take your request into process.

Truthfully:

_____ _____
(Signature) (Date)