Junior Division Minimal Disability Certification Form

Name:				
	LAST	FIRST	MIDDLE	NICKNAME
Address:	STREET	CITY	STATE	ZIP
	DOB:			
•		(Allac	on copy of Birtin Cen	inicate)
Gender:				
Team:				<u></u>
the purpose recognize t	es and principles of the N he good I can derive fror	lational Wheelchair Ba n fair and equitable pa	asketball Association a prop	the rules and regulations, nand the Junior Division. I erly administered program cation and service to others.
SIG	NATURE OF PARENT/GUAR	DIAN	PLA	YER APPLICIANT SIGNATURE
Disability	/ Certification			
	t the above player applic iteria below:	ant was examined by	myself on this date	and meets the minimal
paralysis, a replacemer ligamentou objective fir 3.1.A.)	imputation, or radiologica nt, which consistently into s instability, edema or di ndings shall not be consi	al evidence of limb sho erferes with mobility. F suse atrophy, or symp dered a permanent lo	ortening, partial to fu indings such as sof toms such as pain o wer extremity disabi	t tissue contracture,
Signature of	of Classifier or Physician			
Name:				
Address:				
Phone:				
Player Co	ertification			
Signature o	of Team Representative		Dat	e
Signature o	of Junior Conference Cor	nmissioner	Dat	 e
Signature c	of Junior Division Commis	ssioner	Dat	e
Signature o	of NWBA President		Dat	e