ASAA Cross Country

PARA & GUIDE REGISTRATION FORM

In order to register an athlete for the Para event at ASAA Cross Country Provincial Championships, coaches must:

1. Register the student in the ASAA SRS

2. Register the student through their zone

3. Complete this form and send it to shanna@asaa.ca and the Zone Secretary

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name: |  | First Name: |  |
| School Attending: |  | Zone: |  |
| Grade: |  | Gender: |  | Coaches Name |  |
| Contact # (School) |  | Contact # (Cell) |  |

# Disability Category Information Chart:

Please use the chart below to determine which classification is most appropriate for the student you are registering.

|  |  |  |
| --- | --- | --- |
| **Classification** | **Definition** | **Associated classification #** |
| Intellectual disability | Athletes with an IQ of 75 or less – able to compete without race assistance | T20 |
| Visually Impaired | Athletes with:* No vision
* Very limited vision
* Limited vision
 | T11T12T13 |
| Ambulatory | Athletes who compete standing up:* 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 - 44T45 - 47 |

# Disability Category:

Please check one (refer to the above chart for classification information. If more clarification is needed, please visit <http://www.asaa.ca/sports/para-sport/para-cross-country> or e-mail shanna@asaa.ca)

|  |  |  |  |
| --- | --- | --- | --- |
| **X** | **Category** | **Approximate T classification** | **Additional Information** |
|  | Intellectual Disability | T20 |  |
|  | Visually Impaired | T11-13 |  |
|  | Ambulatory | T35-38, 42-44,45-47 |  |

# Guide Information:

Will the athlete be using a guide during competition? (**note: guides are only allowed for athletes who are registered in the visually impaired classification. Visually impaired athletes must fit with the Athletics Canada guidelines for this classification- NO EXCEPTIONS**)

 Yes No (please circle one)

Guide’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_

 **Please Note: \*\*Visually impaired athletes must provide their own guide.\*\***

**Safety Standard:** For safety and logistical purposes, Para athletes need to be able to finish a 2km distance in a maximum time of 28-30 minutes.

Please list the best time for a 2km distance for your athlete: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ minutes

|  |  |
| --- | --- |
| Coaches Name: |  |
| Coaches Signature: |  | Date: |  |

**Please send all completed forms to** **shanna@asaa.ca** **and your Zone Secretary**

**---------------------------------------------------------------✂------------------------------------------------------------------**

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

Please List your Athletes Previous Race Experience and accomplishments:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_