JUNIOR DIVISION MINIMAL DISABILITY CERTIFICATION FORM

NAME:						
	Last	First	Middle	Nickn	name	
ADDRESS: _			O:t-	Otata	7:-	
	Street		City	State	Zip	
AGE:	BIRTHDAT	E:	_ (Attach copy of	Birth Certificate)	GENDER:	<u></u>
TEAM:						
and principle from fair and	es of the National Wellequitable participa	ipate in wheelchair theelchair Basketbal tion in a properly ad on and services to c	l Association and t ministered prograr	he Junior Division	n. I recognize the	e good I can derive
SIGNATURE	OF PARENT/GUA	ARDIAN	PLA'	YER APPLICANT	SIGNATURE	
	CERTIFICATION: the above player ap	pplicant was examine	ed by myself on th	is date and meets	s the ELIGIBILIT	Y criteria below:
and/or parame and have prov to have met t numbness wit Classification, player with a eligible, as the Minimal ampe	edical investigations sided confirmation of the eligibility criteria. Thout other objective degrees of pain and temporary disability,		, X-ray, CT, MRI, et in their attending phy tissue contracture, considered a perman considered measura , the rehabilitative p	c Persons who hasician or surgeon and edema or disused the entire toward extremitable and permanent eriod following a second	ave had hip or knownd supporting X-ra atrophy, or sympto by disability. For the total disabilities. An o	ee joint replacements ys/scans are deemed oms such as pain or ne purpose of NWBA otherwise able-bodied
	,	,	Diag	nosis		
	Signature Phys	ician / NPI number				
Name:						
Address:						
Phone:						
PLAYER CE	RTIFICATION: (RE	ECORDING PURPO	SE ONLY)			
	Signature of Te	am Representative			Date	
	Signature of Ju	nior Conference Cor	mmissioner		Date	
	Signature of Ju	nior Division Commi	ssioner		Date	