

# **51<sup>st</sup> Tri-State Wheelchair & Ambulatory Games**

**May 27 - 29, 2022**

**Rahway River Park, Clark, New Jersey**

## **SANCTIONED BY**

**Move United**

## **SPORT EVENTS CONTESTED**

**Track, Field and Powerlifting**

**(Electronic Timing)**

For more information on the track events, please consult the Adaptive Track & Field USA Official Rule Book found on the website: [www.atfusa.org](http://www.atfusa.org)

**Sponsored by:**

**North Jersey Navigators  
Tri-State Wheelchair & Ambulatory Association  
Union County Parks  
Move United  
Kessler Foundation**



## **51<sup>st</sup> Tri-State Wheelchair and Ambulatory Games – May 27 - 29, 2022**

This is a Move United sanctioned event for athletes in both the Junior and Adult/Open divisions.

**MEET DIRECTOR:** Jimmy Cuevas - Contact: Tel. 551-655-4176 / Email: [jcuevas1969@comcast.net](mailto:jcuevas1969@comcast.net)

**FEES & REGISTRATION:** The fees include registration, online registration service fee, meet sanctioning and qualification for the 2022 Move United Junior National Championships. Online Registration must be completed by **May 11, 2022 at 11:59 PM** to avoid a late fee. A late fee of **\$35.00** will be assessed for each online registration between **May 12 – 15 at 11:59 PM.**

The fees for on-time and late registrations are as follows:

<b>Registration Fees (By May 11)</b>	<b>Registration Fees (Between May 12 - 15)</b>
<b>Juniors - \$65.00</b>	<b>Juniors - \$100.00</b>
<b>Adults/Open - \$65.00</b>	<b>Adults/Open - \$100.00</b>

The Tri-State Games LOC reserves the right to limit or cancel events based on enrollment as of May 15, 2022.

Review the classification and eligible events details on Pages 5-7 and the Simply Register Online Registration instructions on Page 18 prior to start the online registration.

**ONLINE REGISTRATION FORM:** <https://www.simplyregister.net/register/?e=121368>

**Online Registration will end on Friday, May 15, 2022**

**Registration will NOT be available at the games.**

### **Transportation**

Transportation will **NOT** be provided. Athletes and coaches are responsible for their transportation.

## 51<sup>st</sup> Tri-State Wheelchair and Ambulatory Games – May 27 - 29, 2022

### **NATIONAL CLASSIFICATION:**

**Important:** We are still waiting for the confirmation for the National Classification Panel assignment. Therefore, National classification for athletes with physical impairments might **NOT** be available. Athletes that have never been Nationally classified will be given a provisional classification to compete at the Tri-State Wheelchair & Ambulatory Games. Please contact Jimmy Cuevas at [jcuevas1969@comcast.net](mailto:jcuevas1969@comcast.net) if you have a physical impairment and don't have a National classification.

### **Athletes with Physical Impairments (PI)**

All athletes that go through national classification must complete the **National Medical Diagnostics Form**. The national forms do not need to be filled out by a doctor and should be submitted to [Kyle.Knott@usopc.org](mailto:Kyle.Knott@usopc.org) no later than **April 22<sup>nd</sup>, 2022**. The form should clearly define which of the eligible impairment(s) the athlete has and supporting documentation should be provided to verify the underlying health condition or origin of the impairment(s). **If a National Classification Panel is assigned, National classification appointments will take place on Friday, May 27<sup>th</sup>. Be sure to submit all the required documents and complete the registration by Friday, April 22<sup>nd</sup> to be considered for an appointment.**

National Medical Diagnostics Form Download Link => **National Medical Diagnosis Form**

The National Classification Evaluation process consists of:

- Physical Assessment - A series of functional ability tests performed by a Medical Classifier
- Technical Assessment - A series of practical ability tests observed by a Technical Classifier
- Provisional Sport Class Allocated - Based on the results of both of the above tests, athletes are allocated a provisional sport class
- Observation in Competition - This will confirm or alter the provisional sport class allocation

### **Athletes with Visual Impairments (VI)**

All athletes with a visual impairment that have not been classified must submit the **National Visual Impairment Medical Diagnostics Form** along with supporting documentation related to the diagnosed eye condition as outlined on the medical diagnosis form at least **four weeks prior to competition** to the USOPC Classification Manager at [npcusaclassification@usopc.org](mailto:npcusaclassification@usopc.org) to receive their national classification. This form must be completed by athlete's ophthalmologist. The **National Visual Impairment Medical Diagnostics Form** can be found at the end of this document.

National VI Medical Diagnostics Form Download Link => **National VI Classification Form**

### **Athletes with Intellectual and Developmental Impairments**

Athletes with an intellectual and developmental disabilities competing in track and field at the Tri-State Wheelchair and Ambulatory Games must contact Athletes Without Limits <http://www.athleteswithoutlimits.org/eligibility> to apply for eligibility to obtain their national classification. The three main criteria to be eligible for the II sport class of Paralympic Competition are:

- IQ of 75 or below (Must be \*WISC, WAIS, Stanford-Binet or Raven)
- Significant limitations in Adaptive Behavior (Vineland, ABAS or Other)
- Onset before age 18

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### Tri-State Wheelchair & Ambulatory Games – Schedule of Events

Athletes must be checked in by the start of the competition or he/she will not be able to compete.

Athletes with personal field implements must present all implements at weigh-in room 90 minutes prior to start of the field competition.

<u>Date</u>	<u>Time</u>	<u>Event</u>	<u>Location</u>
<b><u>Friday, May 27</u></b>			
<b>Athlete Check-in</b>	2:00 pm – 7:30 pm	Athlete Check-in	Hampton Inn Woodbridge
<b>National Classification **</b>	3:00 pm – 9:00 pm	National Classification	Hampton Inn Woodbridge
<b>Powerlifting</b>	4:00 pm - 8:30 pm	Weigh-in and Powerlifting	Hampton Inn Woodbridge
<b><u>Saturday, May 28</u></b>			
<b>Athlete Check-in</b>	7:15 am - 12:30 pm	Athlete Check-in	Rahway River Park
<b>Ambulatory Field</b>	8:30 am – 11:30 am	Field (Ambulatory)	Rahway River Park Field
<b>Lunch</b>	11:30 am – 12:30 pm	Lunch	Rahway River Park
<b>Field</b>	12:30 pm – 4:30 pm	Field (Ambulatory & Wheelchair)	Rahway River Park Field
<b><u>Sunday, May 29</u></b>			
<b>Athlete Check-in</b>	7:15 am - 8:30 am	Athlete Check-in	Rahway River Park
<b>Track</b>	7:25 am - 7:50 am	Track Warm-up	Rahway River Park Track
<b>Track</b>	8:00 am - 4:00 pm	Track: Juniors/Adults	Rahway River Park Track

**\*\* Pending National Classification Panel Assignment by the USOPC.**

# Junior Athlete Track & Field Events - Classes 11-13, 20, 40-47, 51-57, 61-64

Track Events - Classes 11-13, 20, 40-47, 51-54, 61-64																																			
Class	Class 11-13					Class 20					Class 40					Class 41					Class 42					Class 43					Class 44-47				
Age Division	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23					
20 Meter																																			
60 Meter																																			
100 Meter																																			
200 Meter																																			
400 Meter																																			
800 Meter																																			
1500 Meter																																			
5000 Meter **																																			
Class	Class 51, 52					Class 53					Class 54					Class 61					Class 62					Class 63					Class 64				
Age Division	U11	U14	U16	U20	U23	U11	U14	U16	U20	U23	U11	U14	U16	U20	U23	U11	U14	U16	U20	U23	U11	U14	U16	U20	U23	U11	U14	U16	U20	U23					
60 Meter			51																																
100 Meter																																			
200 Meter																																			
400 Meter	52																																		
800 Meter		52																																	
1500 Meter		52																																	
5000 Meter **																																			

\*\* 5000 Meter Minimum Time Standards for Males: 11-13, 20, 43-46, 62, 64 (25:00); 51-54 (15:50)

\*\* 5000 Meter Minimum Time Standards for Females: 11-13, 20, 43-46, 62, 64 (27:00); 51-54 (20:00)

Field Events - Classes 11-13, 20, 40-47, 51-57, 61-64																														
Class	Class 11-13					Class 20					Class 40, 41					Class 42-46					Class 47					Class 61-64				
Age Division	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23
Shotput																														
Discus																														
Javelin																														
Long Jump																														
High Jump																														
Triple Jump																														
Class	Class 51					Class 52-57																								
Age Division	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23																				
Shotput																														
Discus																														
Javelin																														
Club Throw																														
Softball Throw																														

## Junior Athlete Track & Field Events - Classes 31-38

Track Events - Classes 31-38																									
Class	Class 31 *					Class 32 *					Class 33					Class 34					Class 35a				
Age Division	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23
20 Meter Dash																									
60 Meter Dash																									
100 Meter																									
200 Meter																									
400 Meter																									
800 Meter																									
1500 Meter																									
5000 Meter **																									
Class	Class 35					Class 36					Class 37					Class 38									
Age Division	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23					
20 Meter Dash																									
60 Meter Dash																									
100 Meter																									
200 Meter																									
400 Meter																									
800 Meter																									
1500 Meter																									
5000 Meter **																									

\* Classes 31 - 32 are for Frame Running events (a.k.a. Race Running)

\*\* 5000 Meter Minimum Time Standards for Males: 33-34 (15:50); 35-38 (25:00)

\*\* 5000 Meter Minimum Time Standards for Females: 33-34 (20:00); 35-38 (27:00)

Field Events - Classes 31-38																									
Class	Class 31					Class 32					Class 33					Class 34					Class 35a				
Age Division	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23
Club Throw																									
High Toss																									
Kick																									
Precision																									
Med. Ball Thrust																									
Shotput																									
Discus																									
Javelin																									
Class	Class 35					Class 36					Class 37					Class 38									
Age Division	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23	U11	U14	U17	U20	U23					
Shotput																									
Discus																									
Javelin																									
Long Jump																									
High Jump																									
Triple Jump																									

## Adult Athlete Track & Field Events

Track Events																	
Class	11-13	20	31	32	33	34	36	37	38	40-41	42	43-47	51-54	61	62	63	64
100 Meter																	
200 Meter																	
400 Meter																	
800 Meter																	
1500 Meter																	
5000 Meter **																	

\* Classes 31 - 32 are for Frame Running events (a.k.a. Race Running)

\*\* 5000 Meter Minimum Time Standards for Males: 11-13, 20, 35-38, 43-47, 62, 64 (25:00); 33-34, 51-54 (15:50)

\*\* 5000 Meter Minimum Time Standards for Females: 11-13, 20, 35-38, 43-47, 62, 64 (27:00); 33-34, 51-54 (20:00)

Field Events												
Class	11-13	20	31	32	33-34	35-38	40-41	42-46	47	51	52-57	61-64
Club Throw												
High Toss												
Kick												
Precision												
Med. Ball Thrust												
Shotput												
Discus												
Javelin												
Long Jump												
High Jump						38		42,44-46				61,63-64
Triple Jump						38		45-46				

## Junior Track Relay Team Application

TEAM NAME: \_\_\_\_\_ COACH: \_\_\_\_\_

Athletes must run in the order listed below

ATHLETE NAME	CLASS	AGE DIVISION	GENDER	POINTS
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<b>TOTAL POINTS</b>	

EVENT: \* ☐ Male ☐ Female ☐ Mixed ☐ Wheelchair ☐ Ambulatory

4 X 100: Points: ☐ 10 ☐ 20 ☐ 30

4 X 400: Points: ☐ 30 ☐ 40

800 Medley: Points: ☐ 30 ☐ 40 ☐ 50

There will be three types of relay teams; *all male, all female and mixed*. Points will be assigned to each team member in accordance with the following table(s):

**I. WHEELCHAIR CLASSES**

Age Division	Classes T31/32, T51/52	Classes T34, T53	Class T 54
U11	1	2	3
U14	2	4	6
U17	3	6	9
U20/U23	4	8	12

4 x100: 10 - 20 - 30 Point Teams

800 Medley: 100 + 100 + 200 + 400: 30 - 40 Point Teams

**II. AMBULATORY CLASSES**

Age Division	Class T35	Classes T36, T41/42, T61/63	Classes T11, T37/38, T43/44, T62/64	Classes T12/13, T20, T45/46
U11	1	2	3	4
U14	2	4	6	8
U17	3	6	9	12
U20/U23	4	8	12	16

4 x100: 10 – 20 – 30 – 40 – 50 Point Teams

800 Medley: 100 + 100 + 200 + 400: 30 – 40 – 50 Point Teams

*\*Competitors may enter no more than any two (2) relays. They must be different relay races (male, female, mixed, 4 x 100 or 800 medley) or point value.*



**Junior and Adult Powerlifting Event (Friday, May 27)**

**Note:** *Competitors must be at least 14 years of age on the date of the competition.  
The Powerlifting competition is not sanctioned by World Para / IPC.*

## **Host Hotel for Tri-State Wheelchair and Ambulatory Games**

**IMPORTANT:** Hotel reservations must be made no later than **Friday, May 13<sup>th</sup>, 2022.** The room block includes 20 rooms available on a first-come first-served basis. A credit card is needed to guarantee each reservation. A form of payment is required at time of check-in to cover all anticipated charges. Lodging arrangements are the responsibility of each team or individual athlete.

### **Hampton Inn Woodbridge**

370 US-9 North  
Woodbridge, NJ 07095  
Tel. (732) 855-6900

**Hotel Room Rate Block Availability: May 27-29, 2022**

**Hotel Room Discounted Rate: \$139.00 + Applicable Tax**

#### **Included in rate:**

- Free Parking
- Complimentary Hot Breakfast
- Mini Refrigerators & Microwaves
- Complimentary High-Speed Internet Access (Wi-Fi)
- Fitness center
- On-Site Guest Laundry Room

### **Hotel Reservation Options:**

**Online Reservation (Click the link below)**

**Click => Tri-State Regional Games - Hampton Inn Woodbridge Group Reservation**

#### **Phone Reservation:**

Tel. (732) 855-6900  
**Group Code: TSR**

**When calling the hotel to make a reservation mention that you are part of the “Tri-State Regional” and provide the Group Code “TSR” to receive the discounted rate available through Friday, May 13<sup>th</sup>, 2022.**

## **Hotel for Kessler Foundation Wheelchair 10K**

### **Fairfield Inn & Suites by Marriott Paramus**

601 From Road  
Paramus, NJ 07652  
Tel. (201) 262-6900

## Directions to Rahway River Park Track from the Garden State Parkway

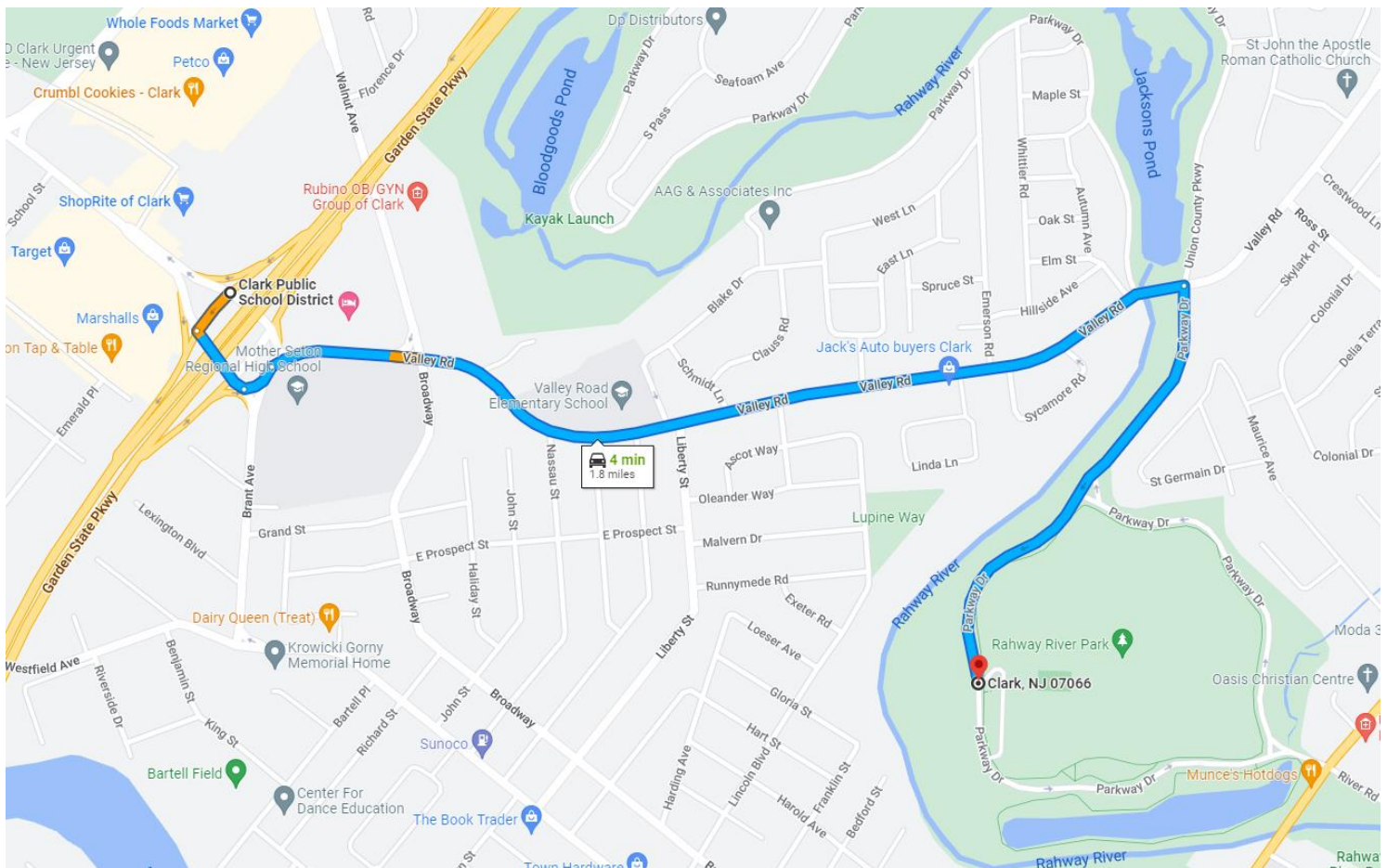
**GPS Address: 455 Valley Road, Clark, NJ 07065**

### **From Garden State Parkway North**

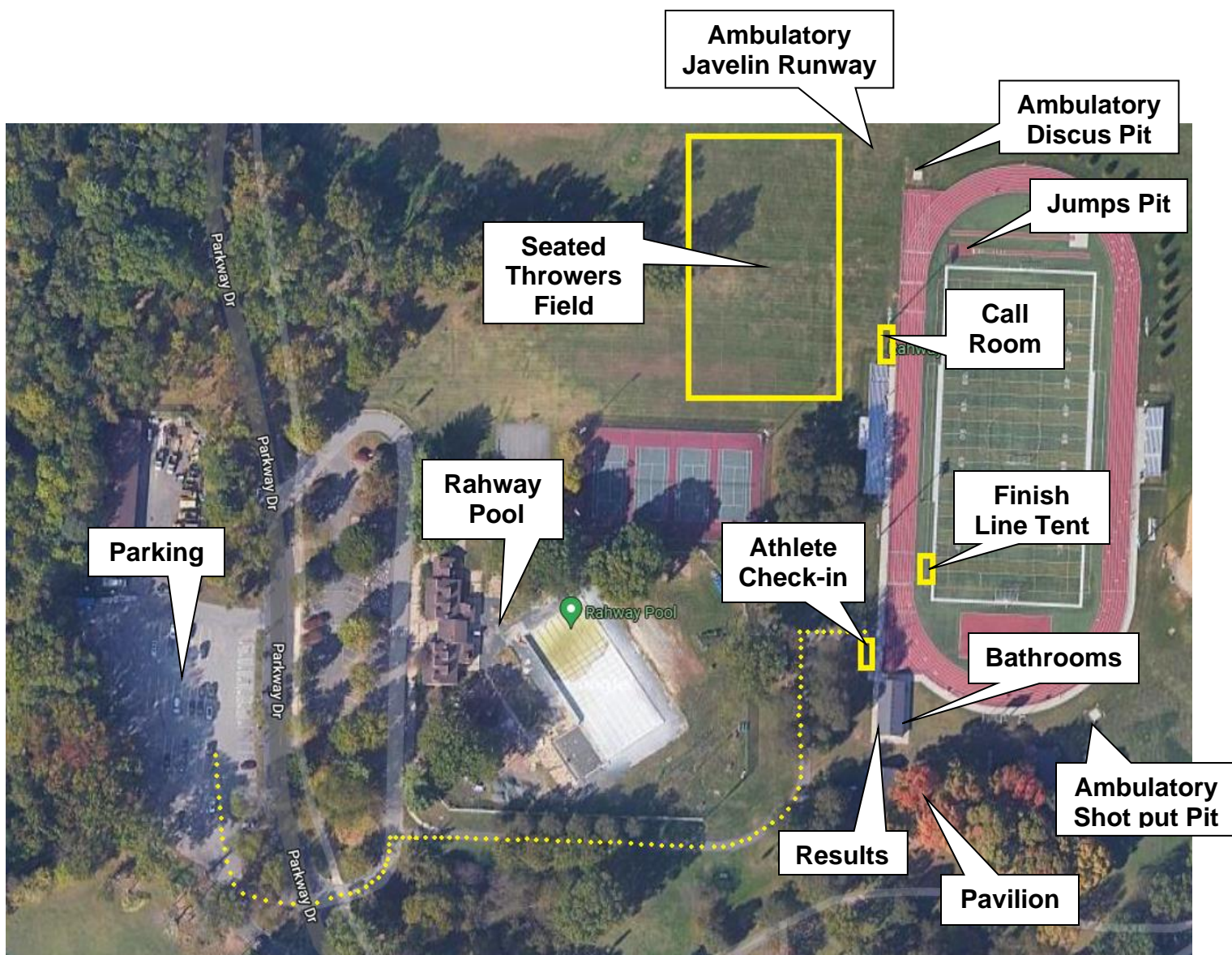
- Take exit 135 toward Westfield
- Use the middle lane and keep left at the fork to turn Right onto Central Avenue
- Keep Left at the fork to stay on Central Avenue
- Take a slight Right onto Valley Road and continue for approximately 1 mile
- Turn Right onto Parkway Drive to enter the Rahway River Park and continue for approximately ½ mile on the right lane. The parking lot will be on your right across from Rahway River Park Pool

### **From Garden State Parkway South**

- Take exit 135 toward Westfield
- Keep left at the fork and use the left lane to turn Left onto Central Avenue
- Keep Left at the fork to stay on Central Avenue
- Take a slight Right onto Valley Road and continue for approximately 1 mile
- Turn Right onto Parkway Drive to enter Rahway River Park and continue for approximately ½ mile on the right lane. The parking lot will be on your right across from Rahway River Park Pool



**Event Map (Subject to Change)**







## **20<sup>th</sup> Kessler Foundation Wheelchair 10K**



Kessler Foundation presents the 20th Annual Wheelchair 10K, the wheelchair division of the Fred d'Elia Ridgewood Run held on Memorial Day, Monday, May 30, 2022 in Ridgewood, NJ at Graydon Park & Pool – 218 Northern Pkwy, Ridgewood, NJ 07450.

This event is one of the largest integrated races in the country, as wheelchair athletes compete on the same course, at the same time, as the runners. **Racers compete for over \$20,000 in cash prize awards!** Wheelchair racers from around the world will kick-off the series of seven events that comprise the Fred d'Elia Memorial Day Ridgewood Run. With the support of the North Jersey Masters, the Kessler Foundation Wheelchair 10K has grown to one of the largest 10K's in the country. Other event sponsors include: EZRide, Fairfield Inn & Suites Paramus and North Jersey Navigators. The Wheelchair 10K begins at 8:15 am, with registration check-in opening at 7 am. Registration is \$25 per racer.

The Kessler Foundation will be providing shuttle transportation between the host hotel Fairfield Inn & Suites Paramus and Graydon Park (Kessler Wheelchair 10K start/finish line). A limited number of travel stipends and complimentary hotel rooms for athletes who live out of the area will be available on a first-come, first-serve basis. Please contact the Kessler Wheelchair 10K Race Director, **Angela Smith** at **[ASmith@kesslerfoundation.org](mailto:ASmith@kesslerfoundation.org)** or **973-324-8448** if you have any questions or need additional information.

**The Online application for the 20<sup>th</sup> Kessler Foundation 10K can be found at the following link:**

**<https://www.classy.org/event/kessler-foundations-20th-annual-wheelchair-10k/e392900>**

### **About Kessler Foundation:**

Kessler Foundation is the largest public charity supporting people with disabilities. Kessler Foundation Research Center improves the quality of life for people with physical and cognitive disabilities through rehabilitation research in its six specialized laboratories under the leadership of noted research directors--Human Performance & Engineering Research, Neuropsychology & Neuroscience, Outcomes & Assessment Research, Spinal Cord Injury Research, Stroke Rehabilitation Research, and Traumatic Brain Injury Research. While the staff of each laboratory has expertise in a particular area, collaboration often enhances progress toward finding ways to overcome the obstacles faced by people with disabilities caused by brain injury, spinal cord injury, multiple sclerosis, stroke, arthritis, and other chronic neurological and orthopedic conditions.

Kessler Foundation Program Center focuses on solutions to address the persistently high rates of unemployment among people with disabilities. Through strategic funding and philanthropic leadership, Kessler Foundation has invested more than \$40 million in programs to increase the participation of individuals with disabilities in the workforce. Creating job opportunities through development, placement, employer education, and social enterprise has enabled greater independence and economic self-sufficiency. Kessler Foundation Program Center provides assistance to community organizations that create employment programs or integration opportunities for people with disabilities. Grant recipients include national and local organizations whose missions complement that of Kessler Foundation.

# KESSLER FOUNDATION'S 20TH ANNUAL WHEELCHAIR 10K

WHEELCHAIR DIVISION OF THE FRED D'ELIA MEMORIAL DAY RIDGEWOOD RUN

MONDAY, MAY 30, 2022

## PRIZE MONEY STRUCTURE

OPEN			OPEN QUAD		OPEN MASTERS		GRANDMASTERS	
	Male	Female	1st		1st		1st	
1st	\$2,500	\$2,500	1st	\$1,500	1st	\$1,500	1st	\$1,000
2nd	\$1,500	\$1,500	2nd	\$750	2nd	\$750	2nd	\$500
3rd	\$500	\$500	3rd	\$500	3rd	\$500		
4th	\$400	\$400	4th	\$400	4th	\$400		
5th	\$300	\$200	5th	\$200	5th	\$200		
6th	\$200							
7th	\$100							

E*ATHLETE			JUNIOR		
	Male	Female		Male	Female
1st	\$300	\$300	1st	\$300	\$300
2nd	\$200	\$200	2nd	\$200	\$200

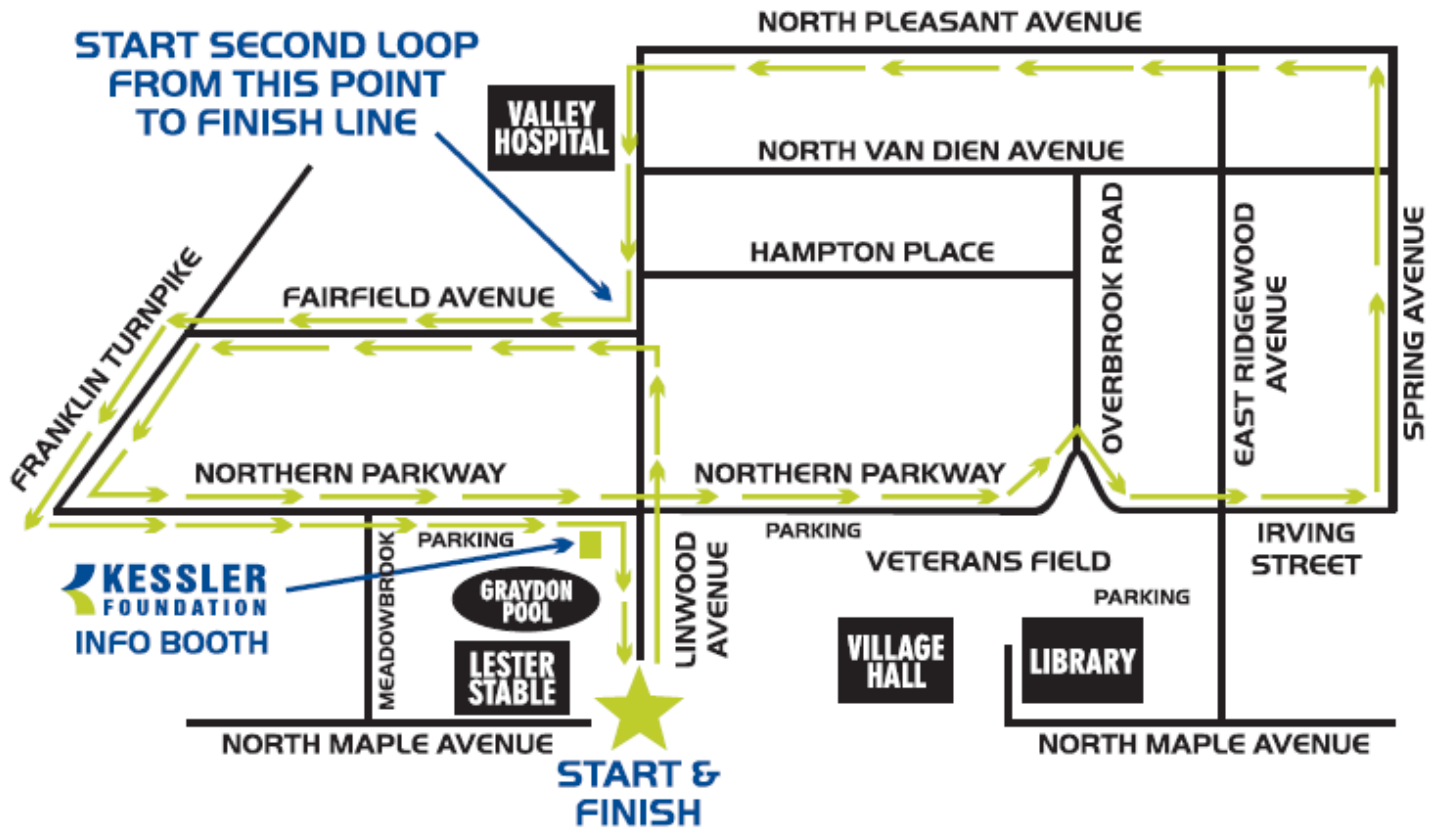
*Masters must be 40 years of age or older on race day.  
Grandmasters must be 50 years of age or older on race day.  
E\*Athletes must be between 19-21 years of age on race day.  
Juniors must be 18 years of age or under on race day.*



**Kessler Foundation Wheelchair 10K Course Map**



**WHEELCHAIR 10K COURSE MAP**

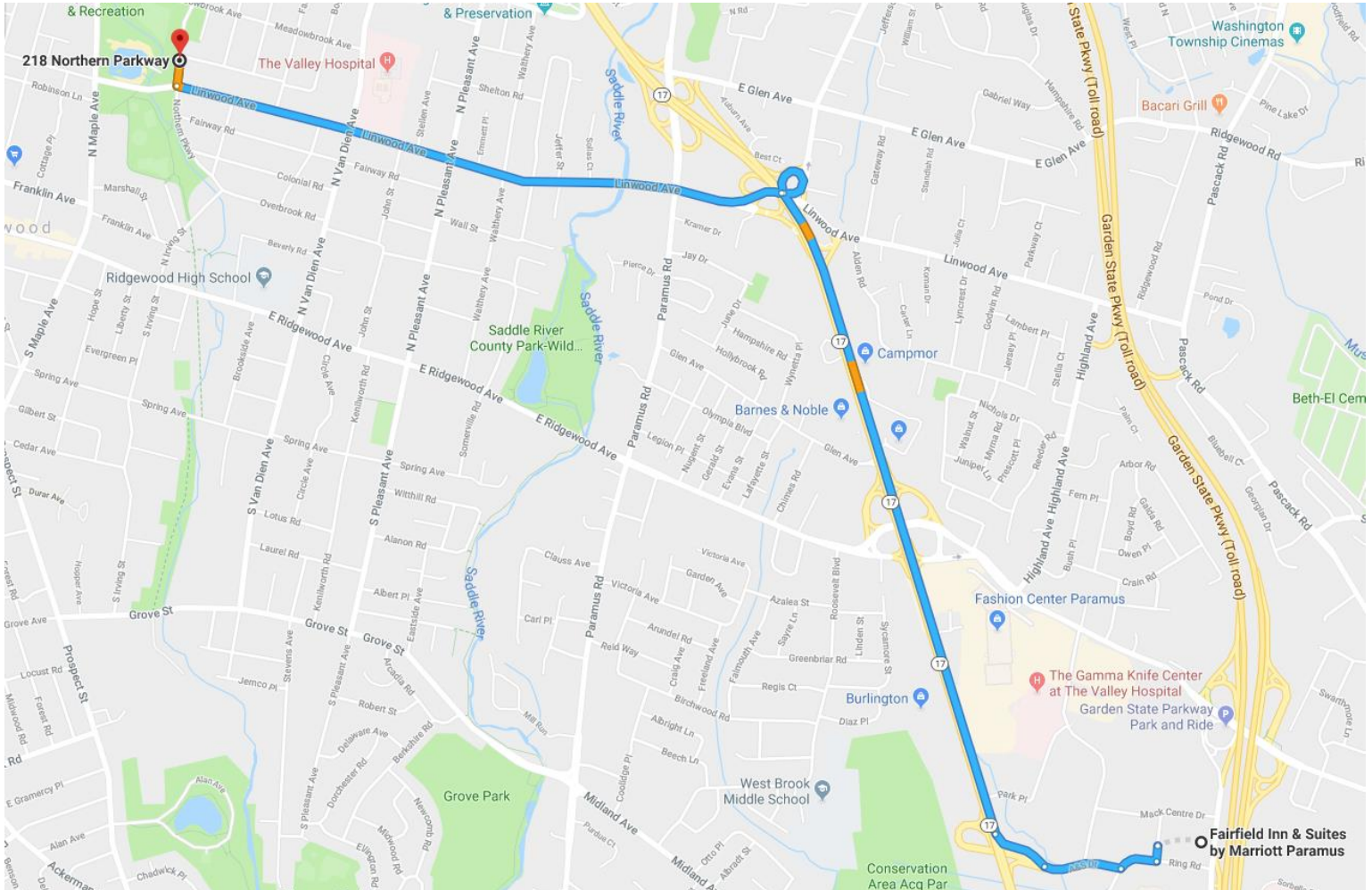


The course is best described as tree lined, flat and one of the fastest in the East.

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### Directions from Fairfield Inn & Suites to Kessler Foundation Wheelchair 10K

**GPS Address to Garydon Park & Pool:**  
**218 Northern Pkwy**  
**Ridgewood, NJ 07450**





## 51<sup>st</sup> Tri-State Wheelchair and Ambulatory Games – May 27 - 29, 2022

### Fairfield Inn & Suites by Marriott Paramus

601 From Rd, Paramus, NJ 07652

#### Get on NJ-17 N from A&S Dr

2 min (0.4 mi)

- ↑ 1. Head south toward Ring Rd  
174 ft
- ↘ 2. Turn right onto Ring Rd  
446 ft
- ↘ 3. Turn right onto A&S Dr  
0.2 mi
- ↘ 4. Keep right at the fork and merge onto NJ-17 N  
0.1 mi

#### Follow NJ-17 N and Linwood Ave to Northern Pkwy in Ridgewood

6 min (2.9 mi)

- ↗ 5. Merge onto NJ-17 N  
1.4 mi
- ↘ 6. Take the Linwood Ave W exit toward Ridgewood  
0.2 mi
- ↗ 7. Merge onto Linwood Ave  
1.3 mi
- ↘ 8. Turn right onto Northern Pkwy  
14 s (292 ft)

### 218 Northern Pkwy

Ridgewood, NJ 07450

## Simply Register Online Registration Instructions

1. Click on the url link <https://www.simplyregister.net/register/?e=121368> or copy and paste the url into your Internet web browser. Complete Registrant's Information for the athlete and click Next.

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant Events Add-Ons Review Checkout Receipt

**Registrant's Information**

First Name Initial Last Name Suffix  
Joe [ ] Doe [ ]

Address Apt./Line 2 Country City State Postal Code  
123 ABC Street #1 USA Jersey City NJ 07305

Phone E-mail  
201-123-1234 joedoe@comcast.net

Sex Date of Birth Citizenship  
male 07/17/2000 USA

Affiliation / Team Name  
Team ABC

Enter your team or Independent if you don't belong to a team

Click Next

Next

2. Select your competition events.

**Important:** If you are a novice athlete or if you don't have a National Classification, select "Need Classification" from the Classification menu options for each of the events you are registering for.

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant Events Add-Ons Review Checkout Receipt

**Classification**

Track & Field: T54 F56

Select your track classification

Select your filed classification

**Event**

☒ Fee per person \$5.00

☐ Powerlifting - Powerlift Press --

☐ Track - 100 Meters (Sunday) --

☐ Track - 200 Meters (Sunday) --

☐ Track - 400 Meters (Sunday) --

☐ Track - 800 Meters (Sunday) --

☐ Track - 1500 Meters (Sunday) --

☐ Track - 5000 Meters - Open (Sunday) --

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3. For Powerlifting specify your weight in lbs.

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant Events Add-Ons Review Checkout Receipt

Classification

Track & Field: T54 F56

Event Price

☒ Fee per person \$65.00

☒ Powerlifting - Powerlift Press

Your weight (in lbs.): 110

☐ Track - 100 Meters (Sunday) --

☐ Track - 200 Meters (Sunday) --

☐ Track - 400 Meters (Sunday) --

☐ Track - 800 Meters (Sunday) --

☐ Track - 1500 Meters (Sunday) --

☐ Track - 5000 Meters - Open (Sunday) --

Back Next

4. For Track select the events you will be competing.

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant Events Add-Ons Review Checkout Receipt

Event Price

☒ Fee per person \$65.00

☐ Powerlifting - Powerlift Press

☒ Track - 100 Meters (Sunday) --

Division: U20

Classification: T54

☐ Track - 200 Meters (Sunday) --

☐ Track - 400 Meters (Sunday) --

☐ Track - 800 Meters (Sunday) --

☐ Track - 1500 Meters (Sunday) --

☐ Track - 5000 Meters - Open (Sunday) --

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5. Scroll down and for Field select the events you will be competing. Click Next.

The screenshot shows the 'Events' tab of the registration system. The header includes 'Tri-State Wheelchair & Ambulatory Games' and buttons for 'New Registration' and 'Manage My Registration'. The navigation bar shows 'Registrant', 'Events' (selected), 'Add-Ons', 'Review', 'Checkout', and 'Receipt'. The event list includes:

- ☐ Track - 100 Meters (Sunday) --
- ☐ Track - 200 Meters (Sunday) --
- ☐ Track - 400 Meters (Sunday) --
- ☐ Track - 800 Meters (Sunday) --
- ☐ Track - 1500 Meters (S) --
- ☐ Track - 5000 Meters (S) --
- ☒ Field - Shot Put --
- ☐ Field - Discus --
- ☐ Field - Javelin --

Below the event list, there are dropdown menus for 'Division: U20' and 'Classification: F56'. At the bottom, there are 'Back' and 'Next' buttons. A callout box points to the 'Field - Shot Put' event with the text 'Select your Field events'. Another callout box points to the 'Next' button with the text 'Click Next'.

6. Answer the following Questions.

**Note:** The classification question applies to novice athletes competing for the first time or athletes without a National Classification. If you are requesting classification, specify the sports.

## 51<sup>st</sup> Tri-State Wheelchair and Ambulatory Games - May 27-29, 2022

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant Events **Add-Ons** Review Checkout Receipt

\* = required

IPC License Number/SDMS  
11581

If you have an International Classification provide your IPC License Number/SDMS

What is your disability? \*  
Spina Bifida

Select your disability

If other, enter your disability

Do you require classification? \*  
Yes

Specify if you need a National Classification

If yes, are you an ambulatory or wheelchair athlete?  
wheelchair

If yes, select the sport(s) for which you need classification

☐ Track  
☐ Field

Specify the sport(s) you are need of a classification

Back Next

7. Continue scrolling down and answering the questions.

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant Events Add-Ons Review Checkout Receipt

If yes, what is your current classification for Track?  
Do Not Know

If you are requesting classification, provide your classification if you are getting re-classified or if have been given a classification

If yes, what is your current classification for Field?  
Do Not Know

If you are a visually impaired athlete, are you using a guide runner?  
No

Specify if you have any food allergies or dietary restrictions. The LOC will do their best to accommodate your request if food is served

Alternate phone number  
000-000-0000 x000

Please specify if you have any food allergies or dietary restrictions

Do you have a medical condition that the EMT support should be aware of? \*  
No

If yes, describe your medical condition

Back Next

8. Continue scrolling down and answering the questions.

## 51<sup>st</sup> Tri-State Wheelchair and Ambulatory Games - May 27-29, 2022

Tri-State Wheelchair & Ambulatory Games

New Registration

Manage My Registration

Registrant

Events

Add-Ons

Review

Checkout

Receipt

I authorize sponsors of the Tri-State Wheelchair & Ambulatory Games to take and use photographs of me/my child during the meet for publicity or for use in programs for future meets. Such photos may appear on social media, websites or promotional material.

\*

▼

Permission to Photograph/Video Authorization

I identify my race as (check all that apply) \*

☐

White

☐

Black or African American

☐

American Indian or Alaska Native

☐

Asian

☐

Native Hawaiian or other Pacific Islander

☐

Not listed

☐

Prefer not to say

If not listed, please specify race or origin

▼

I identify as being of Hispanic, Latino, or Spanish origin \*

▼

If yes, please specify origin (for example, Mexican, Puerto Rican, Cuban, Dominican)

← Back

Next →

9. Continue answering the questions and click Next.

Tri-State Wheelchair & Ambulatory Games

New Registration

Manage My Registration

Registrant

Events

Add-Ons

Review

Checkout

Receipt

I identify as being of Hispanic, Latino, or Spanish origin \*

Yes

If yes, please specify origin (for example, Mexican, Puerto Rican, Cuban, Dominican, Colombian, Spaniard, Ecuadorian, etc.)

Pronouns

I identify my gender as \*

Male

Do you consider yourself a member of the Lesbian, Gay, Bisexual, Transgender and/or Queer (LGBTQIA+) community? \*

No

Military status \*

Not a member of the military

Back

Next



## 51<sup>st</sup> Tri-State Wheelchair and Ambulatory Games - May 27-29, 2022

10. Review the registration information. Check the box next to each waiver to indicate you have read, understand and accept the terms.

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant Events Add-Ons **Review** Checkout Receipt

Here's the information you've entered so far. If you want to change any of it, click the Edit button beside that section.

Check the box next to each waiver to indicate that you've read, understand and accept the terms.

**Registrant** **EDIT**

**Waivers**

☒ **Release of Liability \***

consideration of acceptance of this entry form, hereby for ourselves, our heirs administrators assigns, waive and release any and all claims adaptive Sports USA, Tri-State Wheelchair Association, Kessler Foundation, North Jersey Pascack Valley Regional High School District co-sponsoring entities, all of their officers members, officials, volunteers,

**Registration For**

**Name:** Joe Doe  
**Address:** 123 ABC Street, #1  
Jersey City, NJ 07305 USA  
**Phone:** 201-123-1234  
**E-mail:** joedoe@comcast.net  
**Sex:** male  
**Date of Birth:** July 17, 2000  
**Citizenship:** USA  
**Affiliation:** Team ABC

**Back** **Add another registrant** **Checkout**

**Click the Edit Button if you need to change any of the Registrant information entered at the beginning of the registration**

**Release of Liability Check Box**

11. Scroll down to continue reviewing the registration.

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant Events **Add-Ons** **Review** Checkout Receipt

**Events** **EDIT**

**Registered:** Fee per person  
Division: Cadet  
- Classification: W1  
- Bow Type: Recurve  
- Bowstand: no  
Powerlifting - Powerlift Press  
- Your weight (in lbs.): 110  
Track - 100 Meters (Saturday)  
- Time/mark: 17.55  
- Classification: T53  
Track - 100 Meters (Sunday)  
- Division: U18  
- Classification: T53  
Field - Shot Put  
- Division: U18  
- Classification: F55  
Field - Discus  
- Division: U18  
- Classification: F55

tion, Kessler Foundation, North Jersey Pascack Valley Regional High School District co-sponsoring entities (websites) and social networking sites (i.e. Twitter, Facebook).

☒ **Registration Services \***

Registration services are being provided by Register, Inc. By checking this box, I have read [SimplyRegister's](#) terms and conditions, and agree to all of the provisions contained therein.

☒ **Cancellation and Refund Policy \***

No online refunds are available for this event. Please contact the event organizer with questions or for more information (including inclement weather policies).

**Privacy Policy**

The event for which you are registering is using SimplyRegister to handle its registrations. Please read the privacy policy.

**Back** **Add another registrant** **Checkout**

**Click the Edit Button if you need to modify any of the events you registered for**

**Registration Services Check Box**

**Cancellation and Refund Policy Check**

12. Scroll down to continue reviewing the registration information.

## 51<sup>st</sup> Tri-State Wheelchair and Ambulatory Games - May 27-29, 2022

**Tri-State Wheelchair & Ambulatory Games** New Registration Manage My Registration

**Registant** > **Events** > **Add-Ons** > **Review** > **Checkout** > **Receipt**

**Add-Ons** EDIT

**Questions:** Competing as: C - Disabled Athlete  
 License No./SDMS: 11581  
 WAUSA / Adaptive Sports USA Number (U7-U23): 24449  
 What is your disability?: Spina Bifida  
 If other, enter your disability:  
 Do you require classification?: yes  
 If yes, enter the sport(s) for which you need classification (i.e.: Track, Field, and/or Archery): Track and Field  
 USATF Number:  
 Alternate phone number: 201-123-4567  
 Please specify if you have any food allergies or dietary restrictions: Peanuts and Lactose

**Delivery Policy**  
 The confirmation screen and/or e-mail confirmation you receive will serve as proof of your registration. If you purchased any add-on items or if anything extra is included as part of your registration, those items will be available/delivered as specified by the event organizer. Please contact the event organizer with questions or for more information.

**Customer**  
 For questions, contact the event organizer at [cast.n@tri-state.org](#) or visit our website at [www.tri-state.org](#)

**Back** **Add another registrant** **Checkout**

**Click the Edit Button if you need to change any of the answered questions**

**Click "Add another registrant" if you are registering more than one athlete, otherwise, click "Checkout"**

13. If registering another athlete enter the registrant's information and repeat Steps 2-12 above. If not registering another athlete then continue with Step 15 below.

**Tri-State Wheelchair & Ambulatory Games** New Registration Manage My Registration

**Registant** > **Events** > **Add-Ons** > **Review** > **Checkout (1)** > **Receipt**

**Registrant's Information**

**First Name** **Initial** **Last Name** **Suffix**

**Address** **Apt./Line 2** **Country** **City** **State** **Postal Code**

**Phone** **E-mail**

**Sex** **Date of Birth** **Citizenship**

**Affiliation / Team Name**

**Next**



## 51<sup>st</sup> Tri-State Wheelchair and Ambulatory Games - May 27-29, 2022

14. If registering another athlete click "Add a new registrant" and repeat the steps to register another athlete. Otherwise, click "Checkout".

The screenshot shows the 'Listing of Registrants' page. At the top, there are tabs for 'Registrant', 'Events', 'Add-Ons', 'Review', 'Checkout', and 'Receipt'. The 'Checkout' tab is selected. Below the tabs, there is a section titled 'Listing of Registrants' with instructions: 'Click on a name to update that person's registration; or click the Checkout button to go to checkout. Registrations in **bold** have not been saved yet'. There are three links: '>> Joe Doe' (bold), '>> Joe Doe' (bold), and '>> Add a new registrant' (blue). A callout box points to the 'Add a new registrant' link with the text: 'Click "Add a new registrant" link if you are registering another athlete, otherwise, click "Checkout"'. Another callout box points to the 'Checkout' button with the text: 'Click "Checkout" if you are not registering another athlete'.

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant Events Add-Ons Review Checkout Receipt

**Listing of Registrants**

Click on a name to update that person's registration; or click the Checkout button to go to checkout. Registrations in **bold** have not been saved yet

>> **Joe Doe**  
>> **Joe Doe**  
>> Add a new registrant

Click "Add a new registrant" link if you are registering another athlete, otherwise, click "Checkout"

Click "Checkout" if you are not registering another athlete

Checkout

15. Enter the payment information and check the box to authorize SimplyRegister to collect the payment. Enter the email address for the payment confirmation and the registration confirmation & receipt. Click Finish.

The screenshot shows the 'Payment Information' page. At the top, there are tabs for 'Registrant', 'Events', 'Add-Ons', 'Review', 'Checkout', and 'Receipt'. The 'Checkout' tab is selected. Below the tabs, there is a section titled 'Payment Information' with fields for Amount (\$65.00 USD), Tender (credit card), Card type (Visa), Card number (123456789), Expiration (1 - Jan 2029), Security code (\*\*\*), Cardholder (Joe Doe), Address (123 ABC Street), Country (USA), and Postal Code (07305). There is a checkbox for 'I authorize SimplyRegister, Inc. to charge and collect payment for the amount shown above.' and a field for 'E-mail for Payment Confirmation:' (joedoe@gmail.com). A callout box points to the checkbox with the text: 'Payment Authorization Check Box'. Another callout box points to the email field with the text: 'Enter email address for payment confirmation'. A third callout box points to the 'Finish and Pay' button with the text: 'Click Finish'. To the right of the payment information, there is a 'Summary of Fees for this Transaction' table.

Tri-State Wheelchair & Ambulatory Games

New Registration Manage My Registration

Registrant Events Add-Ons Review Checkout Receipt

**Payment Information**

Amount: \$65.00 (USD)  
Tender: credit card  
Card type: Visa  
Card number: 123456789  
Expiration: 1 - Jan 2029  
Security code: \*\*\*  
Cardholder: Joe Doe  
Address: 123 ABC Street  
Country: USA  
Postal Code: 07305

☒ I authorize SimplyRegister, Inc. to charge and collect payment for the amount shown above.

E-mail for Payment Confirmation: joedoe@gmail.com  
(If this option is used, the registrant also will receive an e-mail confirmation, but without

**Summary of Fees for this Transaction**

Events	Price Ea.	Qty.	Total
Fee per person	\$65.00	1	\$65.00
Archery	\$0.00	1	\$0.00
Track - 100 Meters (Sunday)	\$0.00	1	\$0.00
Track - 200 Meters (Sunday)	\$0.00	1	\$0.00
Track - 400 Meters (Sunday)	\$0.00	1	\$0.00
<b>Total:</b>			<b>\$65.00</b>

VISA MasterCard DISCOVER American Express JCB UnionPay

Payment Authorization Check Box

Enter email address for payment confirmation

Click Finish

Back Finish and Pay

## 51<sup>st</sup> Tri-State Wheelchair and Ambulatory Games - May 27-29, 2022

### 16. Registration Confirmation & Receipt

Tri-State Wheelchair & Ambulatory Games
New Registration
Manage My Registration

Registrant
Events
Add-Ons
Review
Checkout
Receipt

### Registration Confirmation & Receipt

[Print this page](#) for your records.

**Payment Details**

**Transaction ID:** 79840607  
**Date:** 3/16/2016 9:32:45 PM US Mountain Standard Time  
**Type:** Purchase  
**Amount:** \$50.00 (USD)  
**Card:** Visa ending in 6789  
**Merchant:** SimplyRegister, Inc.  
412 W. State Road 234, Jamestown, IN 46147 USA  
[www.simplyregister.net](http://www.simplyregister.net)  
**Note:** This transaction may appear on your account statement as "SR-Desert Challenge Games"

**FEEDBACK**

Please rate the registration process:

☐ excellent  
☐ very good  
☐ good  
☐ fair  
☐ poor

[Submit](#)

Comments? [Tell us](#)

**Summary of Fees for this Transaction**

	Price Ea.	Fee Ea.	Subtotal	Qty.	Total
Events					

Tri-State Wheelchair & Ambulatory Games
New Registration
Manage My Registration

Registrant
Events
Add-Ons
Review
Checkout
Receipt

Fee per person	\$46.50	\$3.50	\$50.00	1	\$50.00
Archery	\$0.00	--	\$0.00	1	\$0.00
Powerlifting - Powerlift Press	\$0.00	--	\$0.00	1	\$0.00
Track - 100 Meters (Saturday)	\$0.00	--	\$0.00	1	\$0.00
Track - 100 Meters (Sunday)	\$0.00	--	\$0.00	1	\$0.00
Field - Shot Put	\$0.00	--	\$0.00	1	\$0.00
Field - Discus	\$0.00	--	\$0.00	1	\$0.00
			<b>Total:</b>		<b>\$50.00</b>

**Registration For**

**Name:** Tri-State Wheelchair & Ambulatory Games  
**Location:** Pascack Valley High School - Hillsdale, NJ, USA  
**Date:** 5/27/2016 - 5/29/2016

**Other Information**



## National Medical Diagnostics Form

Dear Athlete:

This form is a guide to collect information needed for national classification evaluation. In order to be eligible to be scheduled for a national classification appointment the athlete **MUST** have an eligible impairment as per the International Standard for Eligible Impairments. For additional information and to view the full IS for Eligible Impairments visit the [IPC Website](#). For a list of eligible impairments by sport please visit the [U.S. Paralympics website](#).

There are ten eligible impairments for Para Sport:

1. Impaired muscle power
2. Impaired passive range of movement
3. Limb deficiency
4. Leg length difference
5. Short stature
6. Hypertonia
7. Ataxia
8. Athetosis
9. Vision impairment
10. Intellectual impairment

Classification evaluation is usually done in conjunction with a competition and is conducted by a panel of medical and/or technical classifiers [panels are defined by each sport within their respective classification rules].

*Classification evaluation will usually include a physical assessment (may be called a “bench test”) and a technical assessment using competition equipment on the field of play. Evaluation may also include observation in competition depending upon the sport and relevant sport rules.*

If you are an athlete with a visual or intellectual impairment, you do not need to complete this form. Athletes with a vision impairment, must submit the [visual medical diagnostics](#) form to the USOPC at [NPCUSAclassification@usopc.org](mailto:NPCUSAclassification@usopc.org). Forms must be submitted at least 2 weeks in advance of any Para sport competition where you expect to participate. Athletes with an intellectual impairment should complete the application at [Athletes Without Limits](#) to obtain a national classification.

National classification appointments are reserved for U.S. citizens only. If you are a citizen of another country and you have never undergone classification evaluation you must first obtain proof of citizenship in the U.S. before you will be scheduled for classification evaluation by a U.S. national classification panel. If you have undergone classification evaluation in another country nationally or internationally [when international data is NOT included on the respective IF Masterlist] you must provide proof of sport class(es) and sport class status before the competition in the United States where you intend to compete.

Please send all completed forms to the USOPC at [NPCUSAclassification@usopc.org](mailto:NPCUSAclassification@usopc.org) or by fax at 719-866-2029 at least 2 weeks prior to competition.

**Athlete Name:****Gender:****Email Address: Athlete or Parent/Guardian****Date of Birth mm/dd/yy****List the Para sport(s) the athlete competes in:****Is the athlete a U.S. Citizen?****What is your current Classification Status**

Never been Classified

NR

NN with fixed review date

NP

There are 10 eligible impairments that the IPC recognizes for eligibility to compete in Paralympic Sport. The International Standard for Eligible Impairments provides examples of what disability may fit into each impairment type. If you do not know which impairment type you are in please review the standard for eligible impairments on the [IPC Website](#).

**Type of Impairment (select all that apply)**

Impaired Muscle Power

Impaired Passive Range of Movement

Limb Deficiency

Leg Length Difference

Hypertonia

Ataxia

Athetosis

Vision Impairment

Short Stature

Intellectual Impairment

**What is the Athlete's Medical Diagnosis (Underlying Health Condition or Origin) causing the selected Impairment(s)?**

**Brief description of Athlete's Impairment including body parts affected areas and limitations.** Examples of information to include:

- Athletes with a spinal cord injury or spina bifida, please include at what level and if the SCI is complete or incomplete. (i.e. SCI complete L7 or spina bifida L3-L4)
- Athletes with Cerebral Palsy, please include what type (i.e. Ataxia, Athetosis, Hypertonia).
- Short stature please include your height.
- Athletes with surgeries specifically related to your impairment (i.e. tendon transfers, rods inserted/removed, etc.) please list each surgery type including the date it was performed

**Please answer the following questions:**

Is your impairment congenital or acquired?

☐ Congenital      ☐ Acquired

If acquired, please include the date:

Do you have a latex allergy?

☐ Yes

☐ No

Do You have a shunt?

☐ Yes

☐ No

Is your Impairment:

☐ Stable      ☐ Progressive      ☐ Fluctuating

**Please attach relevant supporting medical documentation that confirms the athlete's medical diagnosis or details the degree of impairment**

Please return completed forms to the USOPC at [NPCUSAcclassification@usopc.org](mailto:NPCUSAcclassification@usopc.org) If you have any questions about this form please contact us via email or at 719-866-4240.



**U.S. PARALYMPICS  
CONSENT FORM FOR VISUAL IMPAIRMENT CLASSIFICATION**

**Explanation:**

For an athlete to be eligible to compete in U.S. Paralympics competitions the athlete must be classified by classifiers appointed by the NPC (National Paralympic Committee) or the IPC (International Paralympic Committee) / Sport IF (International Federation).

Failure to cooperate with the classifiers or failure to complete a classification may lead to ineligibility to compete in U.S. Paralympics or IPC/IF approved/sanctioned competition.

The following is an agreement by the athlete to undergo the testing procedure.

I \_\_\_\_\_ (**printed name of the athlete**) wish to be classified on national level for U.S. Paralympics competition.

I understand that the classification process involves the necessary eye tests. I understand that to be classified I must be willing to take part in all portions of the testing procedure and cooperate fully with the classifiers / optometrist / ophthalmologist.

**Signature of Athlete:** \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_

*\*\*Must be parent/guardian if athlete is under age 18\*\**

**Date and Location:** \_\_\_\_\_

Send completed forms to USOPC Classification Manager at [NPCUSAcclassification@usopc.org](mailto:NPCUSAcclassification@usopc.org)  
or by fax at 719-866-2029.

## Medical Diagnostics Form for athletes with Vision Impairment

The form is to be completed in English and by a registered ophthalmologist.

All medical documentation required on pages 2-3 needs to be attached.

The form and the attached medical documentation may not be older than 12 months at the time of the Athlete Evaluation.

### Athlete Information

Last name: \_\_\_\_\_

First name: \_\_\_\_\_

Gender:      Female ☐      Male ☐      Date of Birth: \_\_\_\_\_

Sport: \_\_\_\_\_ IF registration ID

NPC/NF: \_\_\_\_\_ (if applicable): \_\_\_\_\_

### Medical Information

Diagnosis:

--

Medical history:

Age of onset: \_\_\_\_\_

Anticipated future procedure(s): \_\_\_\_\_

Athlete wears ☐ yes ☐ no      Correction: Right: \_\_\_\_\_

glasses:      Left: \_\_\_\_\_

Athlete wears ☐ yes ☐ no      Correction: Right: \_\_\_\_\_

contact lenses:      Left: \_\_\_\_\_

Athlete wears eye ☐ right ☐ left

prosthesis:

Medication:

Eye medications used by the athlete:	
Ocular drug allergies:	

Athlete: \_\_\_\_\_

### Assessment of visual acuity and visual field

#### Visual Acuity

	Right eye	Left eye
With correction		
Without Correction		

Type of correction: \_\_\_\_\_

Measurement Method: \_\_\_\_\_

#### Visual Field:

In degrees (diameter)	Right eye	Left eye

### Attachments to the Medical Diagnostic Form

#### 1. Visual field test

For all athletes with a restricted visual field a visual field test must be attached to this form.

The athlete's visual field must be tested by full-field test (120 degrees) and a 30 degrees, 24 degrees or 10 degrees central field test, depending on the pathology.

One of the following perimeters should be used for the assessment: Goldmann Perimetry (Intensity III/4), Humphrey Field Analyzer or Octopus (Interzeag).

#### 2. Additional medical documentation (mandatory)

Please specify which eye condition the athlete is affected by.

Eye condition	Additional medical documentation <u>required</u> (see below)
<input type="checkbox"/> Anterior disease	none
<input type="checkbox"/> Macular disease	<ul style="list-style-type: none"><li>▪ Macular OCT</li><li>▪ Multifocal and/or pattern ERG*</li><li>▪ VEP*</li><li>▪ Pattern appearance VEP*</li></ul>
<input type="checkbox"/> Peripheral retina disease	<ul style="list-style-type: none"><li>▪ Full field ERG*</li><li>▪ Pattern ERG*</li></ul>
<input type="checkbox"/> Optic Nerve disease	<ul style="list-style-type: none"><li>▪ OCT</li><li>▪ Pattern ERG*</li><li>▪ Pattern VEP*</li><li>▪ Pattern appearance VEP*</li></ul>
<input type="checkbox"/> Cortical / Neurological disease	<ul style="list-style-type: none"><li>▪ Pattern VEP*</li><li>▪ Pattern ERG*</li><li>▪ Pattern appearance VEP*</li></ul>



Athlete: \_\_\_\_\_

The ocular signs must correspond to the diagnosis and degree of vision loss. If eye condition is obvious and visible and explains the loss of vision, no additional medical documentation is required. Otherwise the additional medical documentation indicated in the above table must be attached to this form. If the medical documentation is incomplete, the classifiers will not be able to allocate a sport class.

**\*Notes on electrophysiological assessments (VEPs and ERGs):**

Where there is discrepancy or a possible discrepancy between the degree of visual loss, and the visible evidence of ocular disease the use of visual electrophysiology is often helpful in demonstrating the degree of impairment.

Submitted data should include the report from the laboratory performing the tests, copies of the original data, the normative data range for that laboratory, and a statement specifying of the equipment used, and its calibration status. The tests should be performed as a minimum to the standards laid down by the International Society for Electrophysiology of Vision (ISCEV) (<http://www.iscev.org/standards/>).

A Full Field Electroretinogram (ERG) tests the function of the whole retina in response to brief flashes of light, and can separate function from either the rod or cone mediated systems. It does not however give any indication of macular function.

- A Pattern ERG tests the central retinal function, driven by the macular cones but largely originating in the retinal ganglion cells.
- A Multifocal ERG tests the central area (approx. 50 degrees diameter) and produces a topographical representation of central retinal activity.

A Visual evoked cortical potential (VEP) records the signal from produced in the primary visual cortex, (V1), in response to either a pattern stimulus or pulse of light. An absent or abnormal VEP is not in itself evidence of specific optic nerve or visual cortex problems unless normal central retinal function has been demonstrated.

- A Pattern appearance VEP is specialised version of the VEP used to establish visual threshold which can be used to objectively demonstrate visual ability to the level of the primary visual cortex.

<input type="checkbox"/> I confirm that the above information is accurate.	
<input type="checkbox"/> I certify that there is no contra-indication for this athlete to compete at competitive level.	
Name: _____	
Medical Specialty: _____	
Registration Number: _____	
Address: _____	
City: _____	Country: _____
Phone: _____	E-mail: _____
Date: _____	Signature: _____