



ANNEX 1

DECLARATION and CONSENT FORM

Check and fill in the fields in yellow

1.1 IDENTITY

NAME, Surname _____

Date of birth: ___/___/___

Gender: Male Female

1.2 MEDICAL INFORMATION

| Eligible Impairment(s) (tick one or more items) | Name medical diagnosis relevant to impairment type (tick or add) |
|---|--|
| <input type="checkbox"/> Impaired Muscle Power | <input type="checkbox"/> Spinal Cord Injury <input type="checkbox"/> Muscular Dystrophy <input type="checkbox"/> Spina Bifida <input type="checkbox"/> Poliomyelitis <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Impaired Passive Range of Movement | <input type="checkbox"/> Arthrogryposis <input type="checkbox"/> Joint Contractures <input type="checkbox"/> Trauma <input type="checkbox"/> Other _____ |

| | |
|--|---|
| <input type="checkbox"/> Limb Deficiency | <input type="checkbox"/> Dysmelic <input type="checkbox"/> Traumatic Amputation <input type="checkbox"/> Bone Cancer <input type="checkbox"/> Other <hr/> |
| <input type="checkbox"/> Leg Length Difference | <input type="checkbox"/> Trauma <input type="checkbox"/> Dysmelic <input type="checkbox"/> Other <hr/> |
| <input type="checkbox"/> Short Stature | <input type="checkbox"/> Achondroplasia <input type="checkbox"/> Osteogenesis Imperfecta <input type="checkbox"/> Growth Hormone Dysfunction <input type="checkbox"/> Other <hr/> |
| <input type="checkbox"/> Hypertonia <input type="checkbox"/> Ataxia <input type="checkbox"/> Athetosis | <input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Traumatic brain injury <input type="checkbox"/> Multiple Sclerosis <input type="checkbox"/> Stroke <input type="checkbox"/> Other <hr/> |

| Additional Eligible Impairment(s) - for German National Championships only ¹ - | Name medical diagnosis relevant to impairment type (tick or add) |
|--|---|
| <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Reduced hearing power <input type="checkbox"/> hearing loss <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Intellectual disability | <input type="checkbox"/> Down syndrome / trisomy 21 <input type="checkbox"/> Other <input type="text"/> |
| <input type="checkbox"/> Any other disability (not stated above) In this case, please contact the organizer prior to registration via mail: handifly@dfv.aero | <input type="checkbox"/> Please specify <input type="text"/> <input type="text"/> <input type="text"/> |

1.3 MEDICAL HISTORY

Flyer's condition: Stable Progressive Fluctuating Permanent

Year of onset: Congenital

Past treatments:

¹ Athletes with these impairments are only eligible for the German National Championships (when no other impairments occur) and will only be ranked in the National General Leaderboard, not in the International General Leaderboard of the Handifly Race World Series.

Current and/or future treatments:

In case of spinal cord injury, indicate the number of the vertebrae(s) affected and accurately describe the motor and sensory consequences of these lesions:

Additional details on medical diagnosis (mandatory):

Functional Self-Analysis in Flight of Main Aerodynamic Surfaces (using the diagram, fill in the yellow boxes below):

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| | 4 | | | |
| | 5 | | | |

Legend:

| | |
|---|----------------------------|
| | surface totally usable |
| 0 | surface partially unusable |
| X | surface totally unusable |

Possible additional comment:
