

WORLD PARA ALPINE SKIING

APPLICATION FOR WPAS - BREAK PENALTY

July 2018

If an athlete has an injury/or wishes to apply for a study break/or would like to apply for a professional obligation break, the NPC or the athlete's authorised coach may apply during the season for a break penalty by submitting this official application form. In case of an injury, pages 2-3 below must also be completed and a medical certificate must also be included.

The latest application date for the completed season: 15 May. Forms received after this deadline will apply as of 1 July from the new season through WPAS Licence

injury status (IS) study break (SB) professional obligation (PO)

Athlete's information

Name, First Name:

Gender: Male Female Date of birth: Class:

Address:

SDMS-Code number: Organisation (NPC/NSF):

Season: _____/_____

Date/Time and place of the accident / study / professional obligation:

Reasons for applying for a break from competition:

Duration of inability to compete:

WPAS- points at the time when the accident occurred or at the time when the break from the competition occurs:

SL: GS: SC: SG: DH:

Date of application:

Signature of the injured / study / professional applicant:

(If electronically – write name only)

Signature of the NPC-Coach:

(If electronically – write name only)

NOTES:

- Please fill out the form in English, with clear handwriting if no electronic completion is possible.
- To be completed in collaboration with event or team medical staff (if possible).
- Please send this completed form to info@worldparaalpineskiing.org or to International Paralympic Committee (IPC), Adenauerallee 212-214, 53113 Bonn, Germany - Fax: +49 228 2097 209

World Para Alpine Skiing

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53113 Bonn, Germany
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Sports Equipment involved

Outriggers	Damaged?	Yes	No
Prosthesis upper limbs	Damaged?	Yes	No
Prosthesis lower limbs	Damaged?	Yes	No
Sit ski	Damaged?	Yes	No

Description (model/type):

Expected absence from training and competition

No absence	1 to 3 days	4 to 7 days
8 to 28 days	>28 days	Information not available

Specific diagnosis (if available)

If there are multiple injuries resulting from the same accident, please describe the most serious injury above and the less serious injuries here:

Imaging: Was any radiological imaging performed to confirm the diagnosis?:

X-Ray US CT MRI Bone Scan

Contact details Treating Physician:

Name: Function:
 Telephone Number: Email:

Type of snow

Natural snow Artificial snow Plastic

Course conditions (multiple choices possible)

Ice Soft Compact

Injected snow Chemicals used (salt, snow solidifier, others)

Weather conditions (multiple choices possible)

Sunny-clear Cloudy Raining Snowing Foggy Flat light

Artificial light

Wind conditions

No wind Some wind High wind

Video available from accident (multiple choices possible)

No Other video TV broadcast