



# Pilot Registration Form for Teams

*CYBATHLON BCI Series 2019*

<b>1</b>	<b><i>Team</i></b>	
1.1	Team name (same as in Registration Form for Teams)	

**The pilot shall have consulted a certified medical doctor who shall have confirmed that there are no objections to participation of the pilot at the CYBATHLON BCI Series races from a medical standpoint.** The medical doctor shall be familiar with the potential risk of injuries that can occur in parathletic activities such as those performed at the CYBATHLON BCI Series 2019 as well as the physiological stress inherent in competitive situations such as CYBATHLON BCI Series races. In case of medical doubt the medical doctor shall conduct specific medical screening (e.g. cardiovascular disease screening) prior to the pilot’s participation in the CYBATHLON BCI Series 2019.

Please provide the following general information for the pilot:

<b>2</b>	<b><i>Pilot general information</i></b>	
2.1	FAMILY NAME	
2.2	First name, middle name(s)	
2.3	Institution/Company	
2.4	Street, Number	
2.5	Postal code	
2.6	City	
2.7	Country	
2.8	Citizenship	
2.9	Email address	

2.10	Phone office	
2.11	Phone mobile	
2.12	Sex	<input type="checkbox"/> female <input type="checkbox"/> male <input type="checkbox"/> other
2.13	Year of birth (dd/mm/yyyy)	
2.14	Email address may be disclosed for event related media purposes, sponsors, or public	<input type="checkbox"/> yes, I allow disclosure <input type="checkbox"/> no, I do not allow disclosure
2.15	Personal data may be disclosed or event related purposes (e.g. programme leaflet, website, team introduction in the arena)	yes, I allow disclosure of <input type="checkbox"/> age <input type="checkbox"/> details about lesion/injury/ impairment <input type="checkbox"/> time since injury  no, I do not allow disclosure of <input type="checkbox"/> age <input type="checkbox"/> details about lesion/injury/ impairment <input type="checkbox"/> time since injury

Please provide the following information for the CYBATHLON BCI Series race. Please find the inclusion criteria in the [Race Task Description CYBATHLON 2020](#).

<b>BCI</b>	<b>Brain-Computer Interface Race</b>	
BCI.1	Kind of diagnosis (e.g. SCI, Stroke, MS, ALS) Description (e.g. Hemi-/ Para-/ Tetraplegia; Lesion height, complete, incomplete, etc.)	
BCI.2	AIS (mandatory)	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
BCI.3	Other scores (if available)	

<b>3</b>	<b><i>Further required information</i></b>	
3.1	Time of lesion/injury (mm/yyyy)	
3.2	Other lesion / injury / impairment	
3.3	Able to stabilise trunk Able to stabilise neck and head Able to control arms and hands	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no
3.4	Wheelchair user Postural support used Frequency of use	<input type="checkbox"/> manual <input type="checkbox"/> powered <input type="checkbox"/> no <input type="checkbox"/> pelvis <input type="checkbox"/> torso <input type="checkbox"/> head <input type="checkbox"/> no <input type="checkbox"/> rarely <input type="checkbox"/> occasionally <input type="checkbox"/> frequently
3.5	Use of other assistive technology	<input type="checkbox"/> yes <input type="checkbox"/> no
	Kind of assistive technology	<input type="checkbox"/> walker <input type="checkbox"/> crutches <input type="checkbox"/> cane
	Other assistive technology	
3.6	Technical assistance for respiration	<input type="checkbox"/> yes <input type="checkbox"/> no
	Kind of assistance for respiration	<input type="checkbox"/> pacemaker <input type="checkbox"/> ventilator
	Other assistance for respiration	
3.7	Implanted medication pumps or pacemakers of any kind (e.g. cardiac)	<input type="checkbox"/> yes <input type="checkbox"/> no
	If yes, please describe	
3.8	Participated in similar events	<input type="checkbox"/> yes <input type="checkbox"/> no
	If yes, describe (type, how often)	

Please note that a written confirmation in German/French/Italian/English/Spanish and signed by a medical doctor is required stating that the pilot is fit for participation in CYBATHLON BCI Series races.

At any point on the day of CYBATHLON BCI Series 2019, the pilots can be tested on their abilities. If their abilities



**GRAZ BCI**

*Pilot Registration Form*



do not meet the inclusion criteria the pilot will be disqualified. Please find the inclusion criteria in the [Race Task Description CYBATHLON 2020](#).

**Now and therefore**

*I, the undersigned **pilot** in the CYBATHLON BCI Series 2019 and team preparation stage **acknowledge** herewith that my participation to the event involves risks inherent in such event with equipment prototypes. I will have at least one technical testing session with the technology provider. **I assume all the risks** of CYBATHLON BCI Series 2019 and team preparation stage, including health and personal safety risks. Furthermore, **I am obligated to follow** the instructions delivered by the technology provider and/or the CYBATHLON BCI Series organisers.*

*In any case, insurance is the team officials' own responsibility. The team leader and pilot will be asked on-site to sign a registration sheet, including insurance statements. If that document is signed, the CYBATHLON BCI Series organisers must and will assume that adequate insurance coverage has been obtained as requested.*

*For the avoidance of doubt, participation in the CYBATHLON BCI Series 2019 is governed by Austrian law.*

*Therefore, in consideration of the risks, I, the undersigned, intending to be legally bound, consent to the assumption of such risks.*

Please send both an electronic AND a printed, signed (wet ink) and scanned copy by email to the CYBATHLON BCI Series organiser ([BCISeries2019@tugraz.com](mailto:BCISeries2019@tugraz.com)).



Date

\_\_\_\_\_



Place

\_\_\_\_\_



Name and signature of the pilot

\_\_\_\_\_