


**Department of Veterans Affairs**
**NATIONAL VETERANS WHEELCHAIR  
GAMES APPLICATION**

**POSTMARK DEADLINE IS** \_\_\_\_\_ . **Use the enclosed envelope to return your forms. Incomplete forms will be returned and must be resubmitted by the registration deadline.**

**PRIVACY ACT:** VA is asking you to provide the information on this form under USC, Chapter 5, Section 521 and Chapter 17, Section 1710. VA may disclose the information that you put on this form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 121VA19 "National Patient Databases - VA". Providing the requested information is voluntary. However, you will not be able to participate in the event without furnishing this information.

**RESPONDENT BURDEN:** The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

**REMOVE NAME AND ADDRESS PEEL-OFF LABEL FROM THE OUTER ENVELOPE AND AFFIX HERE**  
↓ **(mark any corrections).** If you are a first-time participant and do not have a label, fill in your name and address.

NAME (Last, First, MI)		SOCIAL SECURITY NO. (Last 4 digits only)	DATE OF BIRTH	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS (Street, City, State, Zip Code)		DAYTIME TELEPHONE NO. (Include area code)	CELL TELEPHONE NO. (Include area code)	EVENING TELEPHONE NO. (Include area code)
WHAT BRANCH OF SERVICE WERE YOU IN?		E-MAIL ADDRESS		
ARE YOU A PARALYZED VETERAN OF AMERICA MEMBER? IF YES, WHICH CHAPTER? _____		ARE YOU BRINGING A SERVICE DOG? <input type="checkbox"/> YES <input type="checkbox"/> NO		
ARE YOU A PARALYZED VETERAN OF AMERICA ASSOCIATE MEMBER? <input type="checkbox"/> YES <input type="checkbox"/> NO				

**STATUS AND CLASSIFICATION**

COMPETITOR OR  QUALIFIED COACH  
(To be a qualified coach you **must** list below the names of five athletes you will be coaching. One qualified coach to five athletes. **Note:** The coach may not be one of the five athletes.)

1 \_\_\_\_\_ 4 \_\_\_\_\_  
2 \_\_\_\_\_ 5 \_\_\_\_\_  
3 \_\_\_\_\_

DIVISION (Check one)  NOVICE  OPEN  MASTERS (See page 2 for definitions)

ARE YOU A MEMBER OF A TEAM?  YES  NO IF YES, TEAM NAME \_\_\_\_\_

TEAM COORDINATOR/LEADER		ALTERNATE TEAM CONTACT	
TELEPHONE NUMBER	E-MAIL ADDRESS	TELEPHONE NUMBER	E-MAIL ADDRESS

NVWG MEDICAL CLASSIFICATION (If known)

GENERAL  IA  IB  IC  II  III  IV  V  
 BASKETBALL  I  II  III  NOT KNOWN  
 RUGBY  .5  1.0  1.5  2.0  2.5  3.0  3.5  NOT KNOWN  
 SWIMMING  IA  IB  IC  II  III  IV  V  VI

**WHEELCHAIR INSPECTION (You must provide the following information about ALL of your competition chairs)**

MAKE _____	MODEL _____	SERIAL # _____
TYPE <input type="checkbox"/> MANUAL <input type="checkbox"/> HEAD (Control) <input type="checkbox"/> MOUTH (Control) <input type="checkbox"/> HAND (Control) DESCRIPTION _____		
MAKE _____	MODEL _____	SERIAL # _____
TYPE <input type="checkbox"/> MANUAL <input type="checkbox"/> HEAD (Control) <input type="checkbox"/> MOUTH (Control) <input type="checkbox"/> HAND (Control) DESCRIPTION _____		

INSPECTED BY (Print) \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**You MUST have your wheelchair inspected by a VA prosthetics specialist before arrival at the Games. It is your responsibility as a competitor to ensure that your equipment is in good working order before you depart for the Games. Coordinate through your team coordinator an "in-service" with your VA prosthetics representative and Invacare representatives. Make sure that all chairs issued by VA are listed on your prosthetic eligibility card by serial number, and bring your card to the Games.**

**ITINERARY INFORMATION**

**FLIGHT INFORMATION**

DATE OF ARRIVAL	DATE OF DEPARTURE	MODE OF TRANSPORTATION TO THE GAMES <input type="checkbox"/> CAR <input type="checkbox"/> VAN <input type="checkbox"/> BUS <input type="checkbox"/> TRAIN <input type="checkbox"/> AIRLINE
<b>ARRIVAL</b>		
ORIGINATING AIRPORT: _____	IS THIS A DIRECT FLIGHT? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>(If yes, skip to Arriving Air Carrier)</i>
ORIGINATING AIR CARRIER: _____	MULTIPLE CONNECTING FLIGHTS? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CONNECTING AIRPORT(S) _____	CONNECTING FLIGHT NUMBER: _____	
CONNECTING AIR CARRIER: _____		
ARRIVING AIR CARRIER: _____	ARRIVAL FLIGHT NUMBER: _____	
ARRIVAL TIME _____		
<b>DEPARTURE</b>		
DEPARTING AIRPORT: _____	DEPARTING FLIGHT NUMBER _____	
AIR CARRIER: _____	DEPARTURE TIME _____	
IS THIS A DIRECT FLIGHT? <input type="checkbox"/> YES <input type="checkbox"/> NO	<i>If yes, skip to Destination Airport</i>	
CONNECTING AIR CARRIER: _____	CONNECTING FLIGHT NUMBER: _____	
DESTINATION AIRPORT: _____		
WILL YOU NEED TRANSPORTATION FROM AND TO THE AIRPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO		
WHO WILL BE MAKING YOUR TRAVEL ARRANGEMENTS?		CONTACT PHONE NUMBER: _____
NAME: _____		E-MAIL ADDRESS: _____

**HOTEL RESERVATIONS**

NAME <i>(Please print)</i>	DO YOU NEED A HOTEL ROOM? <input type="checkbox"/> YES <input type="checkbox"/> NO
TEAM CONTACT PERSON	TEAM CONTACT TELEPHONE NUMBER
<b>CHECK-IN TIME IS 4 p.m.; CHECK-OUT TIME IS NOON.</b> <i>Please note that there will be a one-time per-person portorage fee of \$8.</i>	
INDICATE INDIVIDUALS STAYING IN THIS ROOM	
YOUR NAME: _____	<input type="checkbox"/> ATHLETE <input type="checkbox"/> QUALIFIED COACH <input type="checkbox"/> OTHER
GUEST: _____	<input type="checkbox"/> ATHLETE <input type="checkbox"/> QUALIFIED COACH <input type="checkbox"/> OTHER
INDICATE ROOM PREFERENCE <i>(No guarantee)</i> : <input type="checkbox"/> SINGLE <i>(1 Person, 1 king)</i> <input type="checkbox"/> DOUBLE <i>(2 People, 1 king)</i> <input type="checkbox"/> DOUBLE/DOUBLE <i>(2 People, 2 doubles)</i>	
DO YOU NEED A ROLLAWAY BED IN THE ROOM?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WILL YOU BE BRINGING A PATIENT LIFT FOR THE ROOM?	<input type="checkbox"/> YES <input type="checkbox"/> NO
WOULD YOU LIKE THE BATHROOM DOOR REMOVED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
PLEASE CHECK YOUR SMOKING PREFERENCE FOR YOUR ROOM:	<input type="checkbox"/> SMOKING <input type="checkbox"/> NONSMOKING <i>(Smoking preference cannot be guaranteed)</i>

**All participants are encouraged to bring their own assistive equipment** (shower benches, commode chairs, etc.). A limited amount of such equipment will be available to **NOVICE ATHLETES FIRST**, then on a first-come, first-served basis. Please indicate the items needed, along with style, model numbers, etc., and we will try to accommodate you. All equipment must be returned to the Durable Medical Equipment room at the games prior to departure. **Bring any medications and assistive equipment that you use.**

ITEM(S) NEEDED: \_\_\_\_\_

TEAM AFFILIATION: \_\_\_\_\_



# EVENT SELECTION

Check at least two and no more than five events. Do not schedule conflicting events! (See event schedule) Each checked box represents one event selected.

NAME (Please print) \_\_\_\_\_

AIR GUNS	SWIMMING (8 Classes)	OTHER												
<input type="checkbox"/> AIR GUNS HAVE YOU EVER COMPETED IN A SANCTIONED AIR RIFLE SHOOTING EVENT? (Check one) <input type="checkbox"/> YES <input type="checkbox"/> NO  <b>RIFLE</b> BRINGING MY OWN/TEAM RIFLE <input type="checkbox"/> YES <input type="checkbox"/> NO  MODEL/TYPE _____  NEED TO BORROW AIR RIFLE <input type="checkbox"/> LEFT-HANDED <input type="checkbox"/> RIGHT-HANDED  <b>OTHER EQUIPMENT</b> <table border="0"> <tr> <td></td> <td style="text-align: center;">BRINGING MY OWN</td> <td style="text-align: center;">NEED TO BORROW</td> </tr> <tr> <td>SUPPORT STAND</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>REMOTE TRIGGER</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>MECHANISM</td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> <p><b>NOTE TO AIR GUNS &amp; ARCHERY PARTICIPANTS:</b> The lending of equipment is on a first-come first-served basis with <b>Novice</b> participants having priority.</p>		BRINGING MY OWN	NEED TO BORROW	SUPPORT STAND	<input type="checkbox"/>	<input type="checkbox"/>	REMOTE TRIGGER	<input type="checkbox"/>	<input type="checkbox"/>	MECHANISM	<input type="checkbox"/>	<input type="checkbox"/>	<b>BACKSTROKE</b> <input type="checkbox"/> 25 YARDS   IA, IB, IC <input type="checkbox"/> 50 YARDS   II, III <input type="checkbox"/> 100 YARDS   IV, V, VI  <b>BREASTROKE</b> <input type="checkbox"/> 25 YARDS   IA, IB, IC <input type="checkbox"/> 50 YARDS   II, III <input type="checkbox"/> 100 YARDS   IV, V, VI  <b>FREESTYLE</b> <input type="checkbox"/> 25 YARDS   IA, IB, IC <input type="checkbox"/> 50 YARDS   II, III <input type="checkbox"/> 100 YARDS   IV, V, VI  <b>BUTTERFLY</b> <input type="checkbox"/> 25 YARDS   IA, IB, IC, II <input type="checkbox"/> 50 YARDS   III, IV, V, VI  <b>INDIVIDUAL MEDLEY</b> <input type="checkbox"/> 75 YARDS   IA <input type="checkbox"/> 100 YARDS   IB, IC, II, III <input type="checkbox"/> 200 YARDS   IV, V, VI	<input type="checkbox"/> BASKETBALL - LIMITED TO 96 COMPETITORS <input type="checkbox"/> HANDCYCLING (IA,-IC, II-III/IV-5) <b>HELMETS ARE MANDATORY</b> (No loaner equipment available) <input type="checkbox"/> MOTOR RALLY <input type="checkbox"/> MOTORIZED SLALOM (Hand Control) <b>HELMETS ARE MANDATORY</b> <input type="checkbox"/> MOTORIZED SLALOM (Head [Chin] Control) <b>HELMETS ARE MANDATORY</b> <input type="checkbox"/> MOTORIZED SLALOM (Mouth Control) <b>HELMETS ARE MANDATORY</b> <input type="checkbox"/> NINE BALL <input type="checkbox"/> POWER SOCCER (Mouth Control) <input type="checkbox"/> POWER SOCCER (Head [Chin] Control) <input type="checkbox"/> POWER SOCCER (Hand Control) <input type="checkbox"/> QUAD RUGBY - LIMITED TO 40 COMPETITORS <input type="checkbox"/> QUAD WEIGHTLIFTING <input type="checkbox"/> SLALOM - <b>HELMETS ARE MANDATORY</b> <input type="checkbox"/> SOFTBALL - LIMITED TO 120 COMPETITORS (No motorized wheelchairs or scooters) <input type="checkbox"/> TABLE TENNIS (Single elimination) <input type="checkbox"/> STANDING TABLE TENNIS <input type="checkbox"/> TRAPSHOOTING - LIMITED TO 50 COMPETITORS <input type="checkbox"/> WEIGHTLIFTING (By body weight)
	BRINGING MY OWN	NEED TO BORROW												
SUPPORT STAND	<input type="checkbox"/>	<input type="checkbox"/>												
REMOTE TRIGGER	<input type="checkbox"/>	<input type="checkbox"/>												
MECHANISM	<input type="checkbox"/>	<input type="checkbox"/>												
ARCHERY	FIELD													
LIMITED TO 90 COMPETITORS <input type="checkbox"/> RECURVE BOW <input type="checkbox"/> COMPOUND BOW <input type="checkbox"/> STANDING ARCHERY	<input type="checkbox"/> CLUB (IA ONLY) <input type="checkbox"/> DISCUS <input type="checkbox"/> SHOT (ALL EXCEPT IA) <input type="checkbox"/> JAVELIN (ALL EXCEPT IA)													
BOWLING (3 games, total pins)	TRACK	EXHIBITION												
<input type="checkbox"/> RAMP (Head/mouth control)* <input type="checkbox"/> RAMP (Hand control)* <input type="checkbox"/> STICK (IA, IB, IC) <input type="checkbox"/> HANDLEBALL (IA, IB, IC) <input type="checkbox"/> MANUAL (All classes)  *All Ramp bowlers will be required to go through classification	<b>HELMETS ARE MANDATORY</b> <input type="checkbox"/> POWER CHAIR 200 (Mouth Control) <input type="checkbox"/> POWER CHAIR 200 (Head [Chin] Control) <input type="checkbox"/> POWER CHAIR 200 (Hand Control) <input type="checkbox"/> POWER CHAIR RELAY (Mouth Control) <input type="checkbox"/> POWER CHAIR RELAY (Head [Chin] Control) <input type="checkbox"/> POWER CHAIR RELAY (Hand Control) <input type="checkbox"/> 100 METERS <input type="checkbox"/> 200 METERS <input type="checkbox"/> 400 METERS <input type="checkbox"/> 800 METERS (10-Minute time limit) <input type="checkbox"/> 1500 METERS (18-Minute time limit)	Does not count as one of the two minimum or five maximum events. <input type="checkbox"/> GOLF - LIMITED TO 40 COMPETITORS  <div style="border: 2px solid black; padding: 10px; text-align: center;"> <p><b>DO NOT SCHEDULE CONFLICTING EVENTS!</b></p> <p><b>CONFLICTING EVENTS:</b></p> <p>BASKETBALL - SWIMMING</p> <p>SWIMMING - SLALOM (Motor hand/head/mouth)</p> <p>POWER SOCCER - WEIGHTLIFTING (Quad)</p> <p>SOFTBALL - ARCHERY - MOTOR RALLY</p> <p>SOFTBALL - HAND CYCLE</p> </div>												

**NOTE** Anyone participating in an event requiring a helmet must bring his or her **OWN HELMET**.