



ATHLETE APPLICATION

NATIONAL VETERANS GOLDEN AGE GAMES

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.

NAME (Last, First, MI)	DATE OF BIRTH	YOUR AGE AS OF	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
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ADDRESS (Street, City, State, Zip Code)	DAYTIME TELEPHONE NUMBER (Include area code)	CELL PHONE NUMBER	E-MAIL ADDRESS
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DIVISION: <input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> VISUALLY IMPAIRED (Legally Blind)	T-SHIRT SIZE <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL
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TEAM COACH	TELEPHONE NUMBER OF TEAM COACH	COACH CELL PHONE NUMBER
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ACCOMPANYING NON-COMPETITOR NAME	CELL PHONE NUMBER	PRIMARY VA MEDICAL CENTER
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WHEELCHAIR/SCOOTER INFORMATION: Please provide the following information about your wheelchair and/or scooter. This information can be obtained from your Prosthetics Department.)

ARE YOU ABLE TO AMBULATE SHORT DISTANCES WITHOUT ASSISTANCE? YES NO

MANUFACTURER	MODEL/MAKE	SERIAL NUMBER
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TYPE <input type="checkbox"/> POWER <input type="checkbox"/> MANUAL	FRAME TYPE <input type="checkbox"/> RIGID <input type="checkbox"/> FOLDING	CAMBER	WEIGHT	OVERALL WIDTH	SEAT HEIGHT	SEAT WIDTH	SEAT DEPTH
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FRONT WHEEL/CASTER TYPE WHEEL CASTER HEIGHT _____ WIDTH _____ TIRE SIZE _____

BACK WHEEL/CASTER TYPE WHEEL CASTER HEIGHT _____ WIDTH _____ TIRE SIZE _____

WHEELCHAIR/CART INSPECTED BY	TELEPHONE NUMBER
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It is your responsibility to have your wheelchair/scooter inspected by a VA prosthetic specialist and/or designee before arrival at the Games to insure that your equipment is in good working order.

DO YOU HAVE A SERVICE DOG? YES NO

ASSISTIVE EQUIPMENT - All competitors are encouraged to bring their own assistive equipment (*shower benches, commode chairs, etc.*). A limited number of such equipment will be available on a first-come, first-served basis during the Games. Please indicate the items needed along with style, model numbers, etc., and we will try to accommodate you. _____

PLEASE INDICATE IF YOU REQUIRE MEAL ACCOMMODATION FOR A SPECIAL DIET

- DIABETIC
 VEGETARIAN
 OTHER (Please specify) _____

YOU MUST PLAN TO BRING ANY MEDICATIONS YOU TAKE AND ANY ASSISTIVE EQUIPMENT YOU USE.



Department of Veterans Affairs

EVENT SELECTION

NAME <i>(Please print)</i>	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE <i>(as of)</i> <input style="width: 50px;" type="text"/> <input type="checkbox"/> 55-59 <input type="checkbox"/> 60-64 <input type="checkbox"/> 65-69 <input type="checkbox"/> 70-74 <input type="checkbox"/> 75-79 <input type="checkbox"/> 80-84 <input type="checkbox"/> 85+
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Check at least two, but not more than four events. When competitors are scheduled for two events with conflicting times, attend the bracketed events first. Otherwise, the competitor will be disqualified for failure to report for the event on time. Bracketed events are designed with an *. DO NOT schedule conflicting events!

DIVISION CLASSIFICATION - I WILL BE COMPETING IN THE FOLLOWING DIVISION *(Check only one)*

AMBULATORY WHEELCHAIR VISUALLY IMPAIRED *(Legally Blind)*

WHEN YOU REGISTER IN ONE DIVISION, YOU MUST REGISTER ALL EVENTS IN THAT DIVISION

MONDAY,

GOLF - 18 HOLES	BOWLING - ALL DIVISIONS	*CHECKERS - ALL DIVISIONS	CYCLING - AMBULATORY ONLY
NOTE - You may not compete in both Golf and Checkers. 8:00 AM - 2:00 PM <input type="checkbox"/> AMBULATORY <input type="checkbox"/> VISUALLY IMPAIRED All golfers <u>must</u> bring their own clubs.	Starts at 8:00 AM; Ends at 4:00 PM <input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> WHEELCHAIR ADAPTIVE <input type="checkbox"/> VISUALLY IMPAIRED	<input type="checkbox"/> 8:00 AM 55-59 & 65-69 <input type="checkbox"/> 10:00 AM 80-84 & 85+ <input type="checkbox"/> 1:00 PM 60-64 & 75-79 <input type="checkbox"/> 3:00 PM 70-74	<input type="checkbox"/> 8:00 AM 1/4 MILE <input type="checkbox"/> 10:00 AM 1/2 MILE <i>(Appropriate foot attire must be worn.)</i>

TUESDAY,

GOLF - 18 HOLES	BOWLING - ALL DIVISIONS	*CHECKERS - ALL DIVISIONS	CYCLING - AMBULATORY ONLY
NOTE - You may not compete in both Golf and Checkers. 8:00 AM - 2:00 PM <input type="checkbox"/> AMBULATORY <input type="checkbox"/> VISUALLY IMPAIRED All golfers <u>must</u> bring their own clubs.	Starts at 8:00 AM; Ends at 4:00 PM <input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> WHEELCHAIR ADAPTIVE <input type="checkbox"/> VISUALLY IMPAIRED	<input type="checkbox"/> 8:00 AM 55-59 & 65-69 <input type="checkbox"/> 10:00 AM 80-84 & 85+ <input type="checkbox"/> 1:00 PM 60-64 & 75-79 <input type="checkbox"/> 3:00 PM 70-74	<input type="checkbox"/> 8:00 AM 1/4 MILE <input type="checkbox"/> 10:00 AM 1/2 MILE <i>(Appropriate foot attire must be worn.)</i>

WEDNESDAY,

*CROQUET - AMBULATORY ONLY	*SHUFFLEBOARD	*TABLE TENNIS
	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> VISUALLY IMPAIRED	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR
NOTE - You may not compete in both Croquet and Table Tennis. <input type="checkbox"/> 8:00 AM 60-64 <input type="checkbox"/> 9:30 AM 70-74 <input type="checkbox"/> 10:30 AM 80-84 & 85+ <input type="checkbox"/> 1:00 PM 75-79 <input type="checkbox"/> 2:00 PM 65-69 <input type="checkbox"/> 3:00 PM 55-59	<input type="checkbox"/> 8:00 AM 80-84 & 85+ <input type="checkbox"/> 9:30 AM 65-69 <input type="checkbox"/> 10:30 AM 75-79 <input type="checkbox"/> 1:00 PM 55-59 <input type="checkbox"/> 2:00 PM 70-74 <input type="checkbox"/> 3:00 PM 60-64	<input type="checkbox"/> 8:00 AM 60-64 <input type="checkbox"/> 9:30 AM 55-59 <input type="checkbox"/> 10:30 AM 70-74 <input type="checkbox"/> 1:00 PM 80-84 & 85+ <input type="checkbox"/> 2:00 PM 75-79 <input type="checkbox"/> 3:00 PM 65-69

THURSDAY,

DOMINOES - ALL DIVISIONS	*NINE BALL	*HORSESHOES	**SWIMMING
	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> VISUALLY IMPAIRED	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR
NOTE - Competitors may not compete in both Dominoes and Nine Ball. <input type="checkbox"/> 8:00 AM 55-59 & 75-79 <input type="checkbox"/> 10:00 AM 60-64 & 70-74 <input type="checkbox"/> 1:00 PM 80-84 & 85+ <input type="checkbox"/> 3:00 PM 65-69	<input type="checkbox"/> 8:00 AM 75-79 <input type="checkbox"/> 9:30 AM 80-84 & 85+ <input type="checkbox"/> 10:30 AM 60-64 <input type="checkbox"/> 1:00 PM 70-74 <input type="checkbox"/> 2:00 PM 55-59 <input type="checkbox"/> 3:00 PM 65-69	<input type="checkbox"/> 8:00 AM 70-74 <input type="checkbox"/> 9:30 AM 55-59 <input type="checkbox"/> 10:30 AM 65-69 <input type="checkbox"/> 1:00 PM 60-64 <input type="checkbox"/> 2:00 PM 80-84 & 85+ <input type="checkbox"/> 3:00 PM 75-79	1:00 PM ALL AGE GROUPS <input type="checkbox"/> FREESTYLE 25 YARD <input type="checkbox"/> FREESTYLE 50 YARD <input type="checkbox"/> BACKSTROKE 25 YARD <input type="checkbox"/> BACKSTROKE 50 YARD

****NOTE:** You may select no more than two swimming events which will count toward two of the total of four events that you may compete in. If you have afternoon events that conflict with Swimming, you must make a choice between those events or swimming.

FRIDAY,

SHOT PUT	AIR RIFLE - ALL DIVISIONS	DISCUS
<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR		<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR
<input type="checkbox"/> 8:00 AM - 12:00 PM	<input type="checkbox"/> 8:00 AM - 12:00 PM	<input type="checkbox"/> 8:00 AM - 12:00 PM