



NON-COMPETITOR 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 <i>(Last, First, MI)</i>		DAYTIME TELEPHONE NUMBER <i>(Include area code)</i>	CELL PHONE NUMBER
ADDRESS <i>(Street, City, State, Zip Code)</i>		E-MAIL ADDRESS	
PLEASE CHECK ONLY ONE <input type="checkbox"/> COACH <input type="checkbox"/> SUPPORT STAFF <input type="checkbox"/> FAMILY/SIGNIFICANT OTHER		WHAT VA MEDICAL CENTER DO YOU REPRESENT?	
DO YOU USE A WHEELCHAIR OR SCOOTER? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT COMPETITOR ARE YOU ACCOMPANYING?	CELL PHONE NUMBER	
IN CASE OF EMERGENCY, NOTIFY	TELEPHONE NUMBER	RELATIONSHIP	

FOR COACHES ONLY, DOES YOUR TEAM HAVE A NAME? *(If yes, what is the name of the team)*

YES NO _____

PLEASE LIST YOUR TEAM MEMBERS

FOR COACHES AND SUPPORT STAFF, PLEASE INDICATE YOUR T-SHIRT SIZE

SMALL MEDIUM LARGE XL XXL XXXL OTHER _____

Release of Picture/Information: I voluntarily and without compensation authorize photograph(s), video(s), and voice recording(s) to be made of me by or on behalf of the Department of Veterans Affairs (VA), the Veterans Canteen Service (VCS), Help Hospitalized Veterans (HHV), US military publications, community media outlets, etc., while I am attending the National Veterans Golden Age Games. I authorize any or all of the above to publicize and/or display such photographs and recordings, or to provide such photographs and recordings to others of their choosing for display, without notice or payment of any royalty, fee, or other compensation of any character to me for the use of my picture and/or voice. I understand that the said picture(s) and/or voice recording(s) are intended to publicize and give recognition to the National Veterans Golden Age Games.

SIGNATURE

DATE