



# REGISTRATION APPLICATION

## NATIONAL VETERANS SUMMER SPORTS CLINIC 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.

NAME (Last, First, MI)		SOCIAL SECURITY NO. (Last 4 digits only)	DATE OF BIRTH	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
ADDRESS (Street, City, State, Zip Code)		DAYTIME TELEPHONE NUMBER (Include area code)	EVENING TELEPHONE NUMBER	E-MAIL ADDRESS

DO YOU RECEIVE YOUR CARE AT A <input type="checkbox"/> VAMC OR A <input type="checkbox"/> CBOC	PLEASE PRINT THE NAME OF THE FACILITY YOU RECEIVE CARE AT	DO YOU GET YOUR PHYSICAL DONE AT THE <input type="checkbox"/> VAMC OR A <input type="checkbox"/> PRIVATE PHYSICIAN
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WHAT BRANCH OF SERVICE WERE YOU IN?	YEARS IN SERVICE	WHAT SERVICE ORGANIZATIONS DO YOU BELONG TO?
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HAVE YOU ATTENDED THE SUMMER SPORTS CLINIC BEFORE?  YES  NO (If Yes, which years?) \_\_\_\_\_

ARE YOU ATTENDING WITH A TEAM?  YES  NO (If Yes, coach's name) \_\_\_\_\_

HAVE YOU COMPETED IN AN ORGANIZED DISABLED SPORTS EVENT?  YES  NO

HAVE YOU PARTICIPATED IN ANY OF THE OTHER VA NATIONAL PROGRAMS? (Mark all that you have attended)  YES  NO  NVWCG  NDVWSC  NVCAF  NVGAG

WHAT IS YOUR VA STATUS?  INPATIENT  OUTPATIENT

SERVICE CONNECTED?  YES  NO

The National Veterans Summer Sports Clinic is a VA sponsored event. The clinic is an outreach of the San Diego VA Medical Center and VISN 22. Compliance with VA regulations and policies is mandatory at this event for all participants. Bringing weapons, unprescribed drugs or paraphernalia, unexcused non-participation, exhibiting disruptive or abusive behavior and harassment of others in any form, will not be tolerated and may result in immediate expulsion from this event and will effect future participation.

The Department of Veterans Affairs encourages a safe environment for all attendees. These rules exist for the safety of everyone involved in the clinic.

ATHLETE SIGNATURE

IN CASE OF EMERGENCY, NOTIFY (This must be filled out completely) NAME		ADDRESS (Street, City, State and Zip Code)
TELEPHONE NUMBER	RELATIONSHIP TO PATIENT	

**NOTE:** Registration Deadline is \_\_\_\_\_. There will be a **\$50 late fee** for any applications postmarked past the deadline. Applications which are not completely and correctly filled out will be returned to you. They must be corrected or completed and resubmitted by the \_\_\_\_\_ deadline. **Please do not fold or staple the application.**

For any questions regarding this application, please call Teresa Parks at (970) 263-5040.