



ATHLETE APPLICATION

2014 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 JANUARY 1, 2014	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)	PLEASE INDICATE T-SHIRT SIZE <input type="checkbox"/> SMALL <input type="checkbox"/> MEDIUM <input type="checkbox"/> LARGE <input type="checkbox"/> XL <input type="checkbox"/> 2X <input type="checkbox"/> 3X <input type="checkbox"/> 4X	PRIMARY VA MEDICAL CENTER
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TEAM COACH	TELEPHONE NUMBER OF TEAM COACH	COACH CELL PHONE NUMBER
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IN CASE OF EMERGENCY, NOTIFY (Name)	PHONE NUMBER	RELATIONSHIP
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NEXT OF KIN	PHONE NUMBER	RELATIONSHIP
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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 <input type="checkbox"/> SCOOTER	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 the athlete's responsibility to have 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.

SERVICE DOG WILL ACCOMPANY ATHLETE? YES NO

ASSISTIVE EQUIPMENT - All Athletes must bring their own assistive/durable medical equipment (shower benches, commode chairs, etc.) for use during the Games.

YOU MUST BRING ALL MEDICATIONS TAKEN AND ANY ASSISTIVE EQUIPMENT USED.



Department of Veterans Affairs

ATHLETE EVENT SELECTION

ATHLETE'S NAME <i>(Please print)</i>	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	AGE <i>(as of January 1, 2014)</i> <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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DIVISION CLASSIFICATION - I WILL BE COMPETING IN THE FOLLOWING DIVISION *(Check only one)*
 AMBULATORY WHEELCHAIR VISUALLY IMPAIRED *(Legally Blind)*
(Bowling, Horseshoes, Nine Ball, Table Tennis, Shuffleboard) *(Bowling, Horseshoes, Shuffleboard)*

YOU WILL COMPETE IN THIS DIVISION FOR ALL OF YOUR REGISTERED EVENTS

Check at least two, but not more than four events. Tournament events are designated with an *. DO NOT schedule conflicting events!
 **The following sports count as one event Field, Swimming and Track.
 Exhibition events do not count towards or against your minimum two and maximum four events.

SUNDAY, JUNE 29, 2014

*CHECKERS ALL ATHLETES ONE DIVISION	*DOMINOES ALL ATHLETES ONE DIVISION	*TABLE TENNIS	
		<input type="checkbox"/> AMBULATORY	<input type="checkbox"/> WHEELCHAIR
<input type="checkbox"/> 1:00 p.m. 70-74 & 60-64	<input type="checkbox"/> 1:00 p.m. 80-84 & 85+	<input type="checkbox"/> 1:00 p.m. Wheelchair - All Ages	<input type="checkbox"/> 7:00 p.m. 55-59
<input type="checkbox"/> 3:00 p.m. 55-59	<input type="checkbox"/> 2:00 p.m. 75-79	<input type="checkbox"/> 3:00 p.m. 80-84 & 85+	
<input type="checkbox"/> 5:00 p.m. 85+ & 80-84	<input type="checkbox"/> 3:00 p.m. 70-74 & 65-69	<input type="checkbox"/> 4:00 p.m. 75-79 & 70-74	
<input type="checkbox"/> 6:00 p.m. 75-79	<input type="checkbox"/> 5:00 p.m. 55-59	<input type="checkbox"/> 6:00 p.m. 60-64 & 65-69	

MONDAY, JUNE 30, 2014

*HORSESHOES (Ambulatory Division Only)	BOWLING	SWIMMING (Ambulatory Division Only)	BADMINTON (Demonstration Sport) (Ambulatory Division Only)	*NINEBALL (Ambulatory Division Only)
	<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR <input type="checkbox"/> VISUALLY IMPAIRED			
<input type="checkbox"/> 8:00 a.m. 80-84 & 85+	<input type="checkbox"/> 9:00 a.m. Wheelchair - All Ages	NOTE: **Counts as one event (maximum of three swimming events) 8:00 a.m. - Noon <input type="checkbox"/> FREESTYLE 25 YARD <input type="checkbox"/> FREESTYLE 50 YARD <input type="checkbox"/> BACKSTROKE 25 YARD <input type="checkbox"/> BACKSTROKE 50 YARD	<input type="checkbox"/> 1:00 p.m. All Ages	<input type="checkbox"/> 5:00 p.m. 65-69
<input type="checkbox"/> 9:00 a.m. 70-74 & 75-79	<input type="checkbox"/> 11:00 a.m. Visually Impaired - All Ages			
<input type="checkbox"/> 1:00 p.m. 65-69	<input type="checkbox"/> 1:00 p.m. 75-79, 80-84 & 85+		*DOMINOES ALL ATHLETES ONE DIVISION	*CHECKERS ALL ATHLETES ONE DIVISION
<input type="checkbox"/> 2:00 p.m. 60-64	<input type="checkbox"/> 3:00 p.m. 65-69 & 70-74		<input type="checkbox"/> 5:00 p.m. 60-64	<input type="checkbox"/> 5:00 p.m. 65-69
<input type="checkbox"/> 3:00 p.m. 55-59	<input type="checkbox"/> 5:00 p.m. 60-64 <input type="checkbox"/> 7:00 p.m. 55-59			

TUESDAY, JULY 1, 2014

FIELD (Ambulatory Division Only - All Ages)	GOLF (Ambulatory Division Only)	AIR RIFLE (Ambulatory Division Only)	*NINEBALL
			<input type="checkbox"/> AMBULATORY <input type="checkbox"/> WHEELCHAIR
NOTE: **Counts as one event <input type="checkbox"/> 8:00 a.m. JAVELIN <input type="checkbox"/> 9:30 a.m. SHOT PUT <input type="checkbox"/> 11:00 a.m. DISCUS	<input type="checkbox"/> 8:00 a.m. - 1:00 p.m. All Ages	<input type="checkbox"/> 8:00 a.m. 80-84 & 85+ <input type="checkbox"/> 9:00 a.m. 75-79 <input type="checkbox"/> 10:00 a.m. 70-74 <input type="checkbox"/> 1:00 p.m. 65-69 <input type="checkbox"/> 2:00 p.m. 60-64 <input type="checkbox"/> 3:00 p.m. 55-59	<input type="checkbox"/> 8:00 a.m. Wheelchair - All Ages <input type="checkbox"/> 9:00 a.m. 80-84 & 85+ <input type="checkbox"/> 10:00 a.m. 75-79 <input type="checkbox"/> 11:00 a.m. 70-74 <input type="checkbox"/> 1:00 p.m. 60-64 <input type="checkbox"/> 2:00 p.m. 55-59
TRACK (Ambulatory Division Only) (All Ages)	*SHUFFLEBOARD (Ambulatory Division Only)		
NOTE: **Counts as one event 1:00 p.m. - 4:00 p.m. Appropriate foot attire must be worn <input type="checkbox"/> 1:00 p.m. 1/2 MILE POWER WALK <input type="checkbox"/> 1:00 p.m. 1 MILE POWER WALK <input type="checkbox"/> 1:00 p.m. 1 MILE PRECISION WALK	<input type="checkbox"/> 1:00 p.m. 80-84 & 85+ <input type="checkbox"/> 2:00 p.m. 70-74 & 75-79 <input type="checkbox"/> 3:00 p.m. 60-64 & 65-69 <input type="checkbox"/> 6:00 p.m. 55-59		

WEDNESDAY, JULY 2, 2014

CYCLING (Ambulatory Division Only)	*HORSESHOES	*SHUFFLEBOARD	FLY CASTING & FLY TYING (Exhibition Event)
	<input type="checkbox"/> VISUALLY IMPAIRED <input type="checkbox"/> WHEELCHAIR	<input type="checkbox"/> VISUALLY IMPAIRED <input type="checkbox"/> WHEELCHAIR	
8:00 a.m. - 1:00 p.m. Appropriate footwear must be worn. <input type="checkbox"/> 1/4 MILE COURSE <input type="checkbox"/> 1/2 MILE COURSE	<input type="checkbox"/> 8:00 a.m. Visually Impaired - All Ages <input type="checkbox"/> 10:00 a.m. Wheelchair - All Ages	<input type="checkbox"/> 8:00 a.m. Wheelchair - All Ages <input type="checkbox"/> 10:00 a.m. Visually Impaired - All Ages	<input type="checkbox"/> 8:00 a.m. All Athletes