



www.adaptivesportsfoundation.org

Registration Instructions: Please return completed forms to the Adaptive Sports Foundation via fax, email, or mail. You are not registered until we receive your forms AND you receive a confirmation email from the ASF. Please contact Steve Luppino with any questions about submitting your form. (WIM@adaptivesportsfoundation.org)

Golf:			Cycling:			Kayaking:			Tough Mudder:			Health & Wellness:		
	Deadline			Deadline			Deadline			Deadline		Deadline		
Golf I	May 15-17	May 4 th	Intro Cycling	June 19-21	May 29 th	Into Kayaking	August 14-15	July 24 th	Organize and Prep	May 8-10	April 30 th	Strength and Conditioning	May 8-10	April 30 th
Golf II	June 25-27	June 4 th	Soldier Ride Boot Camp	July 10-12	June 19 th	Intermediate Kayaking	August 16-17	July 26 th	Warrior Dash	August 11-12	June 11 th	Nutrition	June 19-21	May 29 th
Golf III	Sept. 8-10	August 18 th							Tough Mudder Boot Camp	Sept. 14-13	August 21 st	Psychological Basis of Outdoor Activity	July 10-12	June 19 th
									Tough Mudder New Jersey	October 20	August 24 th			

General Fitness Info



Shoe size: _____ Height: _____ feet _____ inches Weight: _____ lbs. Shirt Size: _____

Sports experience: Please rate your ability at the following sports: 1=never participated; 2=novice; 3=intermediate; 4=expert

Walking Running Biking Hiking Kayaking Golf Swimming

Other: _____

GENERAL FITNESS: (check one)

1. _____ I don't participate in sports or working out at the gym 2. _____ I haven't been doing many sports or working out lately
3. _____ I participate in sports or work out once or twice a week 4. _____ I participate in sports or work out several times a week

Disability Info



Disability: _____

Secondary conditions: _____

Please list all medications you are currently taking: _____

Mental ability (check one) Normal functioning Mildly challenged Moderately challenged Severely Challenged

Hearing (check one) Normal Mild/Moderate Loss Severe/ Total

C. Speech (check one) Normal Mild to moderately affected Non-verbal

Vision (check one) Normal Mild to moderately impaired Completely blind

E. Mobility (check all that apply) Ambulatory Non Ambulatory Walks with crutches Uses a wheelchair

Uses wheelchair exclusively Yes-Electric Yes-Manual No

G. Seizures Yes No If yes, what was the date of your last seizure? _____
Type of seizure: _____

H. Behavior & General Attitudes:

Enter the numbers to items below: (1)=Normal (2)=Mild problem (3)=Moderate problem (4)=Severe problem

Frustration tolerance Hostility Confusion Anxiety Distractibility Impulsiveness

Following directions Memory loss Temper Spatial disorientation

I. Bladder Management Self No If no, Catheter or Leg bag

Other Info



Please list any other items the ASF should be aware of. _____



ALUMNI INFORMATION FORM					
Name (First, Last)			Gender Male Female		DOB
Mailing Address (Permanent Address)			City	State	Zip
Home Phone	Alternate Phone		Mobile Phone		
Email Address			Email 2		
Media Willingness?			Level of Education		
Occupation/Title			Marital Status		
Alternate/Emergency Contact		Relationship		Phone	
Branch of Service Air Force Army Marines Navy National Guard Other _____					
Service Start Date			Service Status		
Type of Discharge			Rank		
Anticipated Service End Date			Has DD214		
Date of Injury			Location of Injury (Iraq, Afghanistan, Stateside, Other)		
Injury/Disability					
Are you receiving impatient care?			Location of Hospitalization		
Amputee Blind PTSD SCI SFW/GSW TBI Other					
Injury Description:					
Receiving VA Compensation			Have you applied for VA benefits		
Do you have a pending VA claim			Do you have a VA claim on appeal		
Claim Manager			VA Rating		
TSGLI			SSA Benefits		
Has applied for VRB? If so, receiving VRB?			Other Info		