

General Info

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Warriors In Motion Summer 2012 Program Registration Form

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)

Name: (First, Lastm	ust match ID)	DOB:			
Address:					
	(Street)		(City)	(State)	(Zip)
County:	Daytime Phone: ()		Cell Phone: ()
Email:				our primary method	d of contact, please monitor

your email to avoid missing important correspondence that might be filed in your "junk" or "spam" folder)

Travel, Lodging, and Meal Info

ч Mode of transportation:

Air (nearest airport is Albany, NY) Train (nearest station is Hudson, NY with cabs to Windham available) Car

Please send us your travel details when they are confirmed so we know how you will be getting here. Lodging will be arranged by the ASF. Travel expenses will be reimbursed up to \$200. Call us with any questions.

Do you need a wheelchair accessible room?

Can you stay in a room on the 2^{nd} floor if there is no elevator?

Do you have any food allergies, restrictions, etc.?

Are you bringing a service dog?

Anything else we should know about?

- 95															
Golf:		Deadline	Cycling:		Deadline	Deadline Kayaking:		Deadline	Tough Mudder: Dea		Deadline	Health & Wellness:		Deadline	
G	olf I	May 15-17	May 4 th	Intro Cycling	June 19-21	May 29 th	Into Kayaking	August 14-15	July 24th	Organize and Prep	May 8-10	April 30 th	Strength and Conditioning	May 8-10	April 30 th
Go	olf 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
Go	olf 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			

Course Registration (Note: All programs begin at 12:00 on the first day unless otherwise noted in your confirmation email)

[™] General Fitness Info

Shoe size:	Height:	feet _	inches	N N	Weight:	_lbs.	Shirt Size:		
Sports experienc	e: Please rate you	r ability at the fo	llowing sports: 1=	=never partici	pated; 2=novice	; 3=inte	ermediate; 4=expert		
Walking	Running	Biking	Hiking	Kayaking	Golf	Sv	vimming		
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 condi	tions:								
Please list all me	edications you are	currently taking:							
Mental ability (c	heck one) Nor	rmal functioning	Mildly challeng	ged Mode	rately challenged	Se	verely Challenged		
Hearing (check of	one) Norma	al Mild/N	Ioderate Loss	Severe/ Tot	al				

C. Speech (check one)		Normal	Mild to moderately aff		noderately affected	Non-verbal			
Vision (check one)		Normal	Normal		noderately impaired	d Comp	oletely blind		
E.	E. Mobility (check all that apply)		Ambulatory		Ambulatory	Walks with crut	ches	Uses a wheelchair	
Uses wheelchair exclusively		Yes-Eleo	Yes-Electric		Yes-Manual	No			
G. Seizures		Yes	s No If yes, what was the date Type of seizure:			e of your last seizu	re?		
H.	Behavior & General Attitudes Enter the numbers to items	•	(1)=Norn	nal	(2)=Mild problem	(3)=Moderate pr	oblem	(4)=Severe problem	
Frustration tolerance Hosti		stility	ility Confusion		Anxiety I	Anxiety Distractibility		Impulsiveness	
	Following directions Me	mory loss	Temp	er	Spatial disorient	ation			
I.	Bladder Management	Self	No	If no,	Catheter o	r Leg bag			

Other Info

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



ALUMNI INFORMATION FORM										
Name (First, Last)		Gender DOB								
		Male F	Female							
Mailing Address (Permanent Addres	s)	City	S	tate	Zip					
	Alternate P									
Home Phone		Mobile P	hone							
		•								
Email Address			Email 2							
Media Willingness?			Level of Education	n						
Occupation/Title			Marital Status							
		T			-					
Alternate/Emergency Contact		Relati	ionship		Pho	ne				
Branch of Service Air Force Army	Marines	Nav	v National (uard	Othor					
	Marmes	INdV	5	fualu	other					
Service Start Date			Service Status							
Type of Discharge			Rank							
			H							
Anticipated Service End Date		Has DD214								
			(1 4 6 1							
Date of Injury		Location of Injury	r (Iraq, Afg	hanistan	, Stateside, Other)					
Labora (Disabilita										
Injury/Disability										
Are you receiving impatient care?			Location of Hospi	talization						
Are you receiving impatient care:			Location of Hospi	lalization						
Amputee Blind	PTSD	SCI	SFW/GSW	TBI	Ot	her				
Injury Description:										
injury Description.										
Receiving VA Compensation			Have you applied	for VA ber	efits					
		nuve you upplied for vir belients								
Do you have a pending VA claim	Do you have a VA claim on appeal									
	bo you have a vA claim on appear									
Claim Manager	VA Rating									
TSGLI	SSA Benefits									
Has applied for VRB? If so, receiving	VRB?		Other Info							
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