



Adaptive Sports Foundation

PO Box 266, 100 Silverman Way

Windham, New York 12496

518-734-5070 (phone)

518-734-6740 (fax)

WIM@adaptivesportsfoundation.org (email)

www.adaptivesportsfoundation.org

Warriors In Motion Women's Multi-Sport Retreat 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)

General Info

Name: (First, Last...matches ID) _____ DOB: _____

Address: _____
(Street) (City) (State) (Zip)

County: _____ Daytime Phone: () _____ Cell Phone: () _____

Email: _____ (NOTE: Email is our primary method of contact, please monitor your email to avoid missing important correspondence that might be filed in your "junk" folder)

Travel, Lodging, and Meal Info

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. Call us with any questions.

Do you need a wheelchair accessible room?

Can you stay in a room on the 2nd 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? _____

Course Registration

The Women's Multi-Sport Retreat is an Adaptive Sports Foundation Signature Event. Meals, lodging, and travel expenses will all be provided for the Warriors.

Please indicate your chosen mode of transportation in the section above and we will make the necessary arrangements and provide you with the details as part of your event confirmation.

Be sure that names are spelled exactly as they appear on your ID so as to avoid any complications with travel arrangements.

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		