

REGISTRATION FORM

Registration Information

Name: _____ Male Female Birthdate: __/__/__

Address: _____ City _____ Zip _____

Cell Phone: _____ Emergency Contact No: _____

Email Address: _____

Blood Group: _____

Mobility

Wheelchair use: Manual Power

Other devices: Braces/Crutches Walkers Use no devices

Diagnosis and Disability: Check ALL that apply

Spinal Cord Injury; level of impairment _____ Complete Incomplete

Leg Impairment Knee Impairment Hip Impairment Arm Impairment Shoulder Impairment

Amputations

Above Knee Below Knee Bilateral Above Knee Bilateral Below Knee Above Elbow Below Elbow Bilateral Above Elbow Bilateral Below Elbow Visually impaired or total blindness

Choice of Sport

(Choose Any Two)

Wheel Chair Sports

Badminton Lawn Tennis

Visually Impaired Sports

Cycling Swimming

Amputee

Cycling