



U.S. AIR FORCE

2013 Air Force Warrior Games Athlete Application Form

Archery, Basketball, Cycling, Shooting, Swimming, Track, Field, Volleyball
Ultimate Warrior



Applications due November 16, 2012

****Paralympians (those who have competed at a Paralympic Games) or Elite/National team service members past or present or anyone who has competed internationally for US Paralympics are NOT eligible for the Warrior Games in those respective sports/ eligible in other sport.

GENERAL INFORMATION

Name, as appears on ID		Last:	First:	Middle:	Preferred Name:
<input type="checkbox"/> Male	<input type="checkbox"/> Female	DOB:	FULL SSN:	Home of Record:	
Mailing address:					
P.O. Box:		City:	State:	ZIP Code:	
Physical Address:			Airport :		
Street:		City:	State:	ZIP Code:	
Primary Email:		Mobile Phone:		Duty Phone:	
Duty Location/VA Center:					
Emergency Contact:			Phone:	Relation:	

Check one or all that apply:

- Upper body Impairment
- Lower body Impairment
- Traumatic Brain Injury
- Spinal Cord Injury
- PTSD
- Other (Please Explain in comment section below)

Please specify disability (i.e. above knee; below elbow; TBI-Percentage of use in arms, legs, right & left side; C3):

Date of Disability: _____ Cause of Disability: _____

Wheelchair User? Yes No Do you use a power chair? Yes No

Do you need assistance when transferring? Yes No Do you require a shower chair? Yes No

Do you require first floor access with handicap accessible room? Yes No

Any special dietary restrictions? Yes No Explain: _____

Do you **require** a non-medical attendant? Yes No

Please specify uniform sizes:

T-shirt size small medium large X large XX Large XXX Large XXXX Large
Shorts size small medium large X large XX Large XXX Large XXXX Large
Warm-up size small medium large X large XX Large XXX Large XXXX Large

MILITARY INFORMATION

Service status: _____ Rank: _____

Please check all that apply: Operation Enduring Freedom Operation Iraqi Freedom Other, please list: _____

Are you an AFW2 Airman? Yes No

Are you a Care Coalition Special Operator? Yes No

Do you have a Recovery Care Coordinator? Yes No Name: _____

Did you compete in the 2012 Warrior Games? Yes No

SPORTS INFORMATION

Individual Events: Check the **two or three** individual events that you are interested in competing in **OR** check the Ultimate Warrior:

Men's Events

- Track** 100M 200M 400M 1500M
- Field** Standing Shot Sitting Shot Standing Discus Sitting Discus
- Swimming** 50M Free 100M Free 50M Backstroke 50M Breaststroke

Women's Events

- Track** 100M 1500M
- Field** Standing Shot Sitting Shot
- Swimming** 50M Free 50M Backstroke

Combined Events (Male/Female) (If there are enough women signed up will conduct a women's division only)

- Archery** Open Compound Open Recurve
- Cycling** Up Right Recumbent Hand Cycle
- Shooting** 10M Air Pistol(SH1 & PTSD) 10M Air Rifle Standing(SH1 & PTSD) 10M Air Rifle Standing(SH2 & PTSD)
 10M Prone Air Rifle (SH1 & PTSD) 10M Prone Air Rifle (SH2 & PTSD)

Ultimate Warrior

Ultimate Warrior Events: Track (100 M), Swim (50 M Free), Shoot (10 M Air Rifle), Track (1500 M), Field (Shot)

Please list two alternate event choices.

1st Alt. Choice: _____

2nd Alt Choice: _____

Team Events: Circle the team event you are interested in. Teams will be formed as part of the athlete selection process.

Swimming relay 200 M Free—(Maximum of 2 coed relay teams per warrior games team. It is each Services choice to enter 1 or 2 relay teams, teams do not need to be selected ahead of time)

Volleyball – Each service will enter a 12-person team in the Sitting Volleyball Tournament

Wheelchair Basketball -Five Wheelchair Basketball Teams will be fielded for a competition.

ADDITIONAL INFORMATION/COMMENTS