



Quest for the Best!



28th National Veterans Wheelchair Games

Omaha08

Omaha, Nebraska • July 25-29, 2008

Hosted by the VA Nebraska-Western Iowa Health Care System
and the Great Plains Chapter Paralyzed Veterans of America



Presented by

THE DEPARTMENT OF VETERANS AFFAIRS
AND THE PARALYZED VETERANS OF AMERICA



Registration Packet

About the Games

Join fellow veterans at the 28th National Veterans Wheelchair Games (NVWG) July 25–29 in Omaha. This year's Games are hosted by the VA Nebraska-Western Iowa Health Care System and the Great Plains Chapter Paralyzed Veterans of America. Official events are air guns, archery, basketball, bowling, field, handcycling, motor rally, nine ball, power soccer, quad rugby, slalom, softball, swimming, table tennis, track, trapshooting, and weightlifting. Sled hockey will be offered as an exhibition event. The Games are open to veterans with spinal cord injuries and other disabilities that require the use of a wheelchair for athletic competition.

Eligibility

To be eligible to participate in the NVWG, a participant must be a veteran of the U.S. military, be eligible for health care in the Department of Veterans Affairs Healthcare System, and use a wheelchair to compete in sporting events.

What's New for 2008

- Trapshooting medal event.
- Standing Amputee Archery, Table Tennis.
- Sled hockey will be an exhibition event. (Limited to 48 competitors)

Registration

Deadline: April 15, 2008

All athletes and coaches must register by submitting the enclosed registration forms, postmarked on or before April 15. All forms, including VA Form 10-10EZ: Application for Health Benefits, must be completed and submitted to the 28th National Veterans Wheelchair Games Registration, c/o Paralyzed Veterans of America, 801 Eighteenth Street, NW, Washington, DC 20006-3517. **Incomplete forms will be returned. You will be notified by the registration staff regarding the missing information. You will not be registered unless a complete registration has been received prior to the registration deadline.**

Registration is limited to 550 athletes.

Completed registration forms are accepted in the order they are received, with priority given to novice athletes after the first 500 entries.

One coach per five athletes may register by completing all the appropriate information on the registration forms. **The coach must submit a complete list of athletes with the registration forms.** All registration deadlines apply to coaches.

Athlete and coach registration information will be stored in the Games database for purposes of historical information.

Competitive Divisions

Athletes may select only one division for all events.

Novice: First-time competitors only, regardless of age (those who have never competed in any organized wheelchair sporting event).

Open: All competitors who have competed in sanctioned wheelchair sports competition or past NVWGs.

Masters: Competitors who are 40 years or older may compete in the Masters Division, or they may choose to compete in the Open Division.

Event Rules

Enclosed with this registration packet is a booklet describing each event and a summary of its rules and equipment policy.

If you are registering for air guns for the first time or trapshooting, you must establish a shooting time at these events' registration booths at the Disabled Sports, Recreation & Fitness Expo on Friday, July 25 or early classification and air guns registration on Thursday, July 24 at the Qwest Center Omaha from 11 a.m. to 4 p.m.

To ensure every competitor adequate playing time, the following events have a maximum number of competitors.

Archery: 90 total competitors

Basketball: 8 teams, 12 players per team (96 total competitors)

Quad Rugby: 4 teams, 10 players per team (40 total competitors)

Softball: 8 teams, 15 players per team (120 total competitors)

Trapshooting: 2 squads, 25 per squad (50 total competitors)

Exhibition Event

Sled Hockey

Closing Banquet

VA and Paralyzed Veterans of America, in cooperation with National Host Sponsor Invacare Corporation, will host the closing banquet Tuesday July 29 at the Qwest Center Omaha. Athletes and qualified coaches may purchase banquet tickets for \$15 each. Tickets for all others are available for \$25. **Do not send money for tickets** with your registration form. Tickets may be purchased by cash or check at the closing banquet ticket sales booth at the Disabled Sports, Recreation & Fitness Expo on Friday, July 25.

Omaha Climate and Weather

The average temperature for the month of July is 87.4°F. Temperatures range from the 60s to the 90s.

Transportation

Ground transportation will be provided to and from the Eppley Airfield and all hotels on July 24, from 8 a.m. until 11 p.m., and from 8 a.m. to noon on July 25. Departures to the airport will start on July 30 from 4 a.m. to 10 p.m.

Airline flight numbers and arrival/ departure times must be provided so transportation can be arranged.

Official Airline Sponsor

See enclosed flier for details.

Meals

Meals will be provided for each competitor and qualified coach beginning with breakfast Saturday, July 26 and ending with lunch Tuesday, July 29. Meals will be served via a voucher system. Competitors and qualified coaches may pick up their free meal passes during registration Friday, July 25, at the last stop of the Disabled Sports, Recreation, and Fitness Expo (Qwest Center Omaha). All others will be able to purchase meals at meal sites via cash. **Note:** *We regret that we are unable to accommodate special dietary requests.*

Hotel Accommodations

This year we will be utilizing the Hilton, Hilton Garden Inn, Hampton Inn, and Homewood Suites. We will make every effort to accommodate athlete needs. Hotels and rooms will be assigned on a first-come, first-served basis. To stay in one of the Games hotels, fill out the Hotel Reservation Form (Form B). Return it with your registration forms by April 15 to Paralyzed Veterans of America, 801 Eighteenth Street, NW, Washington, DC 20006-3517.

Note: Hotel rates for this event are \$126 plus 14.6% sales tax for single/double occupancy (two people). A one-time porterage fee of \$8 per person, per room will be applied at checkout.

All personal care attendants should have their hotel registration forms submitted with the athlete applications.

For a team to set up a direct billing master account or put all team charges on one credit card, the team captain should call Shirlene Roberts at Paralyzed Veterans of America, (800) 424-8200, ext. 616. She will mail or fax the forms you need to fill out and return to her. If you have questions about housing, call Shirlene Roberts at the number listed above between the hours of 9 a.m. and 5 p.m. ET, Monday through Friday.

28th National Veterans Wheelchair Games Tentative Schedule of Events

Thursday, July 24

All day	Arrival and Check-in
11 a.m.–4 p.m.	Early Classification and Air Guns Registration

Friday, July 25

All day	Arrival and Check-in
9 a.m.–4 p.m.	Games Registration
9 a.m.–4 p.m.	Expo
11:30 a.m.–Noon	Games Kickoff
1–2 p.m.	Coaches' Meeting
2:30–3 p.m.	Novice Athlete Meeting
6–7 p.m.	Opening Ceremonies
7:30–9:30 p.m.	Welcome Reception

Saturday, July 26

6–8 a.m.	Breakfast
7:30–8:30 a.m.	Late Registration
8 a.m.	Archery, All plus standing
	Nine Ball IA–B–C
10 a.m.	Softball Games 1, 2
	Air Guns
	Softball Games 3, 4
11 a.m.–1 p.m.	Lunch
1 p.m.	Air Guns
	Power Soccer Games 1, 2
	Quad Rugby Game 1
	Slalom II–III
	Sled Hockey Exhibition
	Table Tennis IV–V, Standing
3 p.m.	Air Guns
	Power Soccer Games 3, 4
	Quad Rugby Game 2
	Slalom IV–V
	Table Tennis II–III
4:30–6:30 p.m.	Dinner
7 p.m.	Air Guns
	Basketball Games 1, 2, 3
8:30 p.m.	Table Tennis IA–B–C
	Basketball Games 4, 5, 6

Sunday, July 27

6–8 a.m.	Breakfast
7:30 a.m.	Hand Cycling
8 a.m.	Air Guns
	Field IV
	Track IA–B–C
9 a.m.	Field V
	Power 220
	Standing Field Clinic
9:30 a.m.	Power Relay
10 a.m.	Air Guns
	Field III

11 a.m..	Field II
11 a.m.–1 p.m.	Lunch
1 p.m.	Air Guns
	Field IA–B–C
	Kids Day
	Nine Ball II-III
	Track II–V
3 p.m.	Air Guns
	Standing Track Clinic
3–5 p.m.	Weightlifting Weigh-in
4:30–6:30 p.m.	Dinner
6:30 p.m.	Bowling V
	Power Soccer Games 5, 6
	Slalom IA–B–C
	Nine Ball IV–V
7 p.m.	Air Guns
8 p.m.	Power Soccer Consolation Game

Monday, July 28

6–8 a.m.	Breakfast
8 a.m.	Bowling II–III
	Slalom Motor (Hand, Head, Mouth)
	Softball Games 5, 6
10 a.m.	Softball Games 7, 8
11 a.m.–1 p.m.	Lunch
1 p.m.	Basketball Games 7, 8
	Bowling IA–B–C, STK, HDL, IV
3 p.m.	Basketball Games 9, 10
	Bowling Ramp
4:30–6:30 p.m.	Dinner
6:30 p.m.	Swimming
7 p.m.	Weightlifting

Tuesday, July 29

6–8 a.m.	Breakfast
8 a.m.	Motor Rally
	Quad Rugby Game 3
	Softball Games 9, 10
	Trapshoot
9 a.m.	Slalom Super G Finals
10 a.m.	Softball Championship and Consolation Games
	Trapshoot
11 a.m.–1 p.m.	Lunch
1 p.m.	Basketball Consolation Game
	Quad Rugby Championship Game
3 p.m.	Basketball Championship Game
	Power Soccer Championship Game
7 p.m.	Closing Banquet

4 Medicine and Equipment

Bring all medications and medical supplies with you in your **carry-on** luggage. **Do not** pack medicines in checked luggage as luggage can be lost or damaged.

Bring any assistive devices, specialty devices, and any other specialty equipment with you, as a limited amount of such equipment will be available to novice athletes first, then on a first-come, first-served basis.

Check with the airport for the latest regulations about carry-on items.

Athlete Classification

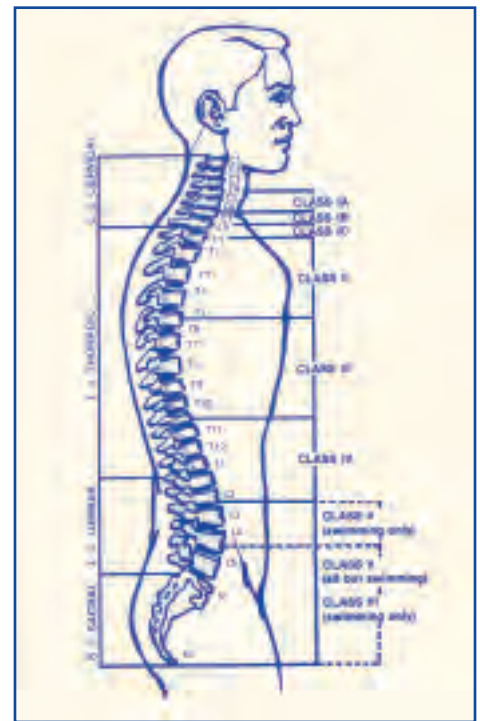
Athletes who require classification will be given a medical exam and classified to ensure fair competition among those with similar degrees of disability.

Quadriplegics will be classified into three classes (IA, IB, IC) and paraplegics into four (II, III, IV, V). Amputees will be classified based on the level of amputation. Disabilities arising from stroke, multiple sclerosis, or other conditions will be classified based on level of impairment.

A physician must complete the Physical Exam Form (Forms C & D) in order for athletes to be eligible to register and compete. Any application without the required completed forms will be returned and must be resubmitted by the registration deadline.

Classification will be completed during registration at the Disabled Sports, Recreation & Fitness Expo on Friday, July 25, or during Early Classification on Thursday, July 24 (11 a.m.– 4 p.m.) at the Qwest Center Omaha. Only competitors with a NVWG classification that is permanent or less than three years old will be exempt from on-site classification. Reexamination and reclassification may be performed at the discretion of the NVWG Athlete Classification Team.

NATIONAL HOST SPONSOR



Classification Chart

Questions?

Registration:

Paralyzed Veterans of America
Sports and Recreation Program
(800) 424-8200, ext. 752 or 657
9 a.m.–5 p.m. Eastern Time, M–F
www.pva.org/sports

Hotel Accommodations:

Shirlene Roberts
Paralyzed Veterans of America
(800) 424-8200, ext. 616
9 a.m.–5 p.m. Eastern Time, M–F

General NVWG Issues:

VA Nebraska-Western Iowa
Health Care System
Craig Enenbach
Local Coordinator
Craig.Enenbach@va.gov
(402) 995-3460

NVWG website:
www.wheelchairgames.va.gov

FORM A 28TH NVWG APPLICATION

ATHLETE NUMBER - OFFICE USE ONLY

POSTMARK DEADLINE IS APRIL 15, 2008. Use the enclosed envelope to return your forms. Incomplete forms will be returned and must be resubmitted by the registration deadline.

REMOVE NAME AND ADDRESS PEEL-OFF LABEL FROM THE OUTER ENVELOPE AND AFFIX HERE

↓ **(mark any corrections).** If you are a first-time participant and do not have a label, fill in your name and address.

Last name: _____	Last four Social Security #: _____
First name: _____ MI: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
Street address: _____	Birth date: _____ / _____ / _____ (MM) (DD) (YY)
City: _____	Are you bringing a service dog ? <input type="checkbox"/> Yes <input type="checkbox"/> No
State _____ Zip: _____	

Day phone: () _____ Evening phone: () _____ Email: _____

Branch of service: _____ Cell Phone: _____

Are you a Paralyzed Veterans of America **member**? Yes No If yes, which **chapter**? _____

Are you a Paralyzed Veterans of America **associate member**? Yes No

Status and Classification

Competitor or Qualified coach (To be a qualified coach you **must** list below the names of five athletes you will be coaching. One qualified coach to five athletes. Note: The coach may not be one of the five athletes.) 1. _____

2. _____ 3. _____

4. _____ 5. _____

Division (check one): Novice Open Masters (See page 2 for definitions.)

Are you a member of a team? Yes No If yes, team name: _____

Team coordinator/leader: _____ Phone: () _____ Email: _____

Alternate team contact _____ Phone: () _____ Email: _____

NVWG Medical Classification (if known):

General: IA IB IC II III IV V

Basketball: I II III Not known

Rugby: .5 1.0 1.5 2.0 2.5 3.0 3.5 Not known

Swimming: IA IB IC II III IV V VI

Primary VA medical center: _____

Wheelchair Inspection (You must provide the following information about ALL of your competition chairs.)

Make: _____ Model: _____ Serial #: _____

Type: Manual Head (control) Mouth (control) Hand (control)

Description: _____

Make: _____ Model: _____ Serial #: _____

Type: Manual Head (control) Mouth (control) Hand (control)

Description: _____

Inspected by: Print _____ **Signature** _____

You MUST have your wheelchair inspected by a VA prosthetics specialist before arrival at the Games. It is your responsibility as a competitor to ensure that your equipment is in good working order before you depart for the Games. Coordinate through your team coordinator an "in-service" with your VA prosthetics representative and Invacare representatives. Make sure that all chairs issued by VA are listed on your prosthetic eligibility card by serial number, and bring your card to the Games.

FORM B ITINERARY INFORMATION

ATHLETE NUMBER – OFFICE USE ONLY

Itinerary Information

Date of arrival in Omaha: ____/____/____ Date of departure from Omaha: ____/____/____

Mode of Transportation to the Games: Car Van Bus Train Airline

Arrival

Originating Airport: _____ Is this a direct flight to Omaha? Yes* No * (If yes, skip down to Arriving Air Carrier)

Originating Air Carrier: _____

Connecting Airport(s): _____ Multiple Connecting Flights? Yes No

Connecting Air Carrier: _____ Connecting Flight Number: _____

Arriving Air Carrier: _____

Arrival Time into: Omaha _____ AM/PM Arrival Flight Number: _____

Departure

Departing Airport: Omaha _____ Departure Flight Number: _____

Air Carrier: _____ Departure Time: _____ AM/PM

Is this a direct flight? Yes No
(If yes, skip down to Destination Airport)

Connecting Air Carrier: _____ Connecting Flight #: _____

Destination Airport: _____

Will you need transportation from and to the airport in Omaha? Yes No

Who will be making your travel arrangements? Name: _____

Contact Telephone # _____ E-mail _____

HOTEL RESERVATIONS

Hotel Information

Your Name: _____

(Print)

Do you need a hotel room? Yes No

Check-in time is 4 p.m.; check-out time is noon.

Please note that there will be a one-time per-person portorage fee of \$8.

Indicate individuals staying in this room: Your Name: _____ Athlete Qualified coach Other
Guest: _____ Athlete Qualified coach Other

Indicate room preference (no guarantee): Single (1 person, 1 king) Double (2 people, 1 king) Double/Double (2 people, 2 doubles)

Do you need a rollaway bed in the room? Yes No Will you be bringing a patient lift for the room? Yes No

Would you like the bathroom door removed? Yes No

Please check your smoking preference for your room: Smoking Nonsmoking (*Smoking preference cannot be guaranteed.*)

All participants are encouraged to bring their own assistive equipment (shower benches, commode chairs, etc.). A limited amount of such equipment will be available to novice athletes first, then on a first-come, first-served basis. A \$10 deposit will be required. Please indicate the items needed, along with style, model numbers, etc., and we will try to accommodate you. All equipment must be returned to the DME room at the games prior to departure. **Bring any medications and assistive equipment that you use.**

Item(s) needed: _____ Team Affiliation: _____

FORM C GENERAL MEDICAL FORM

ATHLETE NUMBER—OFFICE USE ONLY

(To be completed by participant. Please type or print clearly.)

Date: ____/____/____ VA Medical Center Name: _____

Name: _____

Last four digits of Social Security Number: _____ E-Mail: _____

Address: _____

Daytime Phone: () _____ Evening Phone: () _____ Age: _____

Team coordinator/leader: _____ Phone: () _____ Email: _____

Alternate team contact: _____ Phone: () _____ Email: _____

In Case of Emergency, Notify:

Name: _____ Phone: () _____ Relationship to athlete: _____

Address: _____
City State Zip

(To be completed by the examining physician. Please type or print clearly.)

Dear Doctor: Your detailed exam of the participant will be very helpful to the medical assistance team. If an assistant completes the form, please countersign the exam.

Operations (Please list.)

1. _____
2. _____
3. _____

Diagnosis/Type of Injury:

Date of injury or diagnosis: ____/____/____
(MM) (DD) (YY)

- Spinal Cord Injured (SCI)—level of injury _____
- Multiple Sclerosis (MS)
- Amputee
- Head Injury
- Other: _____

Allergies

Are you allergic to anything? Yes No (If yes, specify.)

1. _____
2. _____
3. _____

Medications (Please list all medications you are currently using. If you require more room, please attach an additional sheet.)

Medication Name	Dosage	How Often Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Other Medical Information (Please list all other medical information concerning your current health status.)

Classification Cards

PLEASE ATTACH CLASSIFICATION CARD(S) HERE.
See below.

If applicable, please attach a **copy** (not the original) of your National Veterans Wheelchair Games, USQRA (quad rugby), and/or Wheelchair Sports, USA classification card above.

FORM D PHYSICAL EXAM

ATHLETE NUMBER – OFFICE USE ONLY

Weight: _____ Blood Pressure: _____
Head & Neck: _____ Lungs: _____
Abdomen: _____ Heart: _____
Extremities: _____ Skin: _____
Other Findings: _____

Present and Past Medical History (Diabetes, heart disease, hypertension, etc.)

Is the patient on dialysis?* Yes No

* Patient is responsible for setting up any dialysis treatment needed.

Is the patient on a ventilator? Yes No

Is the patient on anticoagulant drugs? Yes No

If yes, which: _____

Physician Clearance

In my opinion, the above individual (you **must** check one of the following boxes):

is cleared to compete or is not cleared to compete

If not cleared, reason why: _____

Physician Information

Name of examiner: _____
Print Name of examining physician

Signature: _____
Signature of examining physician

Address: _____
Street, Suite

City, State, Zip

Phone of physician: () _____

Date: _____

May omit only if copy of current NVWG Classification card is stapled in the area provided in the General Medical Information section on reverse side of this sheet.

This section must be completed by someone familiar with direct muscle testing, i.e., a physician, physical therapist, kinesiologist, or occupational therapist.

NEURO EXAM

(Manual muscle test, 0-5)

Upper Extremity	RIGHT	LEFT
Deltoid	_____	_____
Biceps	_____	_____
Wrist extension	_____	_____
Wrist flexion	_____	_____
Triceps	_____	_____
Finger extension	_____	_____
Finger flexion	_____	_____
Finger abd/add	_____	_____

Lower Extremity	RIGHT	LEFT
Hip flexion	_____	_____
Hip extension	_____	_____
Hip adduction	_____	_____
Hip abduction	_____	_____
Knee flexion	_____	_____
Knee extension	_____	_____
Dorsiflexion	_____	_____
Plantarflexion	_____	_____

Sitting Balance (please check one)

Normal Fair
 Poor None

Handedness (please check one)

Right Left

Trunk (0-5 scale) UPPER LOWER

Abdominals _____
Spinal extensors _____

Hometown News Release Questionnaire

(To be completed by athlete)

All athletes must complete questions 1–8, whether or not you wish to have a news release. If you would like a news release posted on the Games website about your participation this year, **you must fill out this form completely.** Our Hometown News program promotes publicity about the National Veterans Wheelchair Games by posting an individual news release for every veteran who wants one on the website during the week of the Games. The releases may be found in “Athlete Information” on the Games website, www.wheelchairgames.va.gov. **In order to prepare your news release, we must have all needed information in advance. We cannot gather this information during the Games.** If you have any questions, please call Kim Byers, public affairs director, at (734) 845-3377 (email: kim.byers2@va.gov).

Your Name: _____ Team Name: _____

PLEASE PRINT

Date of Birth: ____/____/____ Email: _____

Caucasian Hispanic/Latino Asian African American Native American Other _____

1. Please confirm your branch of service.

Air Force Army Coast Guard Marine Corps Navy National Guard
 British Military Other _____

2. If you are a peacetime veteran, where and when did you serve? _____

3. a. Did you serve in combat in any of the following conflicts?

WWII Korea Vietnam The Gulf War Afghanistan Iraq Other _____

b. Is the injury or illness requiring that you use a wheelchair combat related? (Resulting from actual service in combat.)

Yes No

c. What did you do in the service? _____

d. How were you injured? _____

e. Are you a Vietnam era (noncombat) veteran?

Yes No

4. Which general category does your diagnosis fall under?

Paraplegic Amputee Stroke
 Quadriplegic Right leg—AK or BK (circle) Other neurological injury or disease
 Multiple sclerosis Left leg—AK or BK (circle) Hip/Knee replacement
 Brain injury Other amputation _____ Severe arthritis
 Other diagnosis (Describe in simple language, not medical terms) _____

5. Of which veterans service organizations are you a member? Paralyzed Veterans of America DAV VFW

American Legion Amvets MOPH Other _____

6. Which years have you participated in the NVWG:

<input type="checkbox"/> 1981—Richmond, VA	<input type="checkbox"/> 1982—Milwaukee, WI	<input type="checkbox"/> 1983—Long Beach, CA
<input type="checkbox"/> 1984—Brockton, MA	<input type="checkbox"/> 1985—College Park, MD	<input type="checkbox"/> 1986—Arlington, TX
<input type="checkbox"/> 1987—Ann Arbor, MI	<input type="checkbox"/> 1988—San Antonio, TX	<input type="checkbox"/> 1989—Long Beach, CA
<input type="checkbox"/> 1990—New Orleans, LA	<input type="checkbox"/> 1991—Miami, FL	<input type="checkbox"/> 1992—Dayton, OH
<input type="checkbox"/> 1993—San Antonio, TX	<input type="checkbox"/> 1994—Kansas City, MO	<input type="checkbox"/> 1995—Atlanta, GA
<input type="checkbox"/> 1996—Seattle, WA	<input type="checkbox"/> 1997—San Diego, CA	<input type="checkbox"/> 1998—Pittsburgh, PA
<input type="checkbox"/> 1999—San Juan, PR	<input type="checkbox"/> 2000—San Antonio, TX	<input type="checkbox"/> 2001—New York, NY
<input type="checkbox"/> 2002—Cleveland, OH	<input type="checkbox"/> 2003—Long Beach, CA	<input type="checkbox"/> 2004—St. Louis, MO
<input type="checkbox"/> 2005—Minneapolis, MN	<input type="checkbox"/> 2006—Anchorage, AK	<input type="checkbox"/> 2007—Milwaukee, WI

7. a. Do you want us to prepare a news release about your participation in the National Veterans Wheelchair Games this year?

Yes No

(Please continue the remainder of the form on the back.)

FORM E (continued)

7. b. If you marked “Yes,” to a news release in 7a, please provide the following information, complete questions 8–11, and sign form.

- I give permission for my phone number to be included in my news release posted on the Games website.
- I do not want my phone number listed on my news release.

8. Please note: Whether or not you want a news release, all event results will be posted on the Games website by participant name unless you check the “NO” box here.

- No (Results will not be posted; sign at bottom of this page.)

9. What are the nearest DAILY and WEEKLY newspapers to your home? (If you don't know the names of the newspapers, please list the nearest large city.)

_____	_____
Name (Please print)	City
_____	_____
Name (Please print)	City
_____	_____
Name (Please print)	City
_____	_____
Name (Please print)	City

10. YOUR QUOTE FOR THE NEWS RELEASE: (This is mandatory.) All we need are a few thoughts from you telling us such things as how you feel about the Games, what sports competition has done for your life, how many times you've competed, what you have looked forward to the most, your past experience in sports, what you hope to achieve, favorite wheelchair sports, etc. Just give us a few ideas, and we'll take it from there!

11. Please describe your favorite Games memories.

* (Signature: Everyone must sign here so we can comply with your wishes.) (Name: Please Print)

* REQUIRED

FORM F EVENT SELECTION

ATHLETE NUMBER – OFFICE USE ONLY

Check at least two and no more than five events. Do not schedule conflicting events!
(See event schedule, page 3.) Each shaded box checked represents one event selected.

Air Guns

Air Guns

Have you ever competed in an NVWG Air Guns event? (check one)

Yes No

EQUIPMENT	Bringing My Own	Need to Borrow
Air Guns	<input type="checkbox"/>	<input type="checkbox"/>
Support Stand	<input type="checkbox"/>	<input type="checkbox"/>
Remote Trigger Mechanism	<input type="checkbox"/>	<input type="checkbox"/>

NOTE TO AIR GUNS & ARCHERY PARTICIPANTS: The loaning of equipment is on a first-come first-served basis with **Novice** participants having priority.

Archery

Limited to 90 competitors.

- Recurve Bow
- Compound Bow

Bowling (3 games, total pins)

- Ramp (Head/mouth control)
- Ramp (Hand control)
- Stick (1A, 1B, 1C)
- Handleball (1A, 1B, 1C)
- Manual (All classes)

**DO NOT
SCHEDULE
CONFLICTING
EVENTS!**

(Name: Please Print)

Swimming (8 classes)

Backstroke

- 25 yards IA, IB, IC
- 50 yards II, III
- 100 yards IV, V, VI

Breaststroke

- 25 yards IA, IB, IC
- 50 yards II, III
- 100 yards IV, V, VI

Freestyle

- 25 yards IA, IB, IC
- 50 yards II, III
- 100 yards IV, V, VI

Butterfly

- 25 yards IA, IB, IC, II
- 50 yards III, IV, V, VI

Individual Medley

- 75 yards IA
- 100 yards IB, IC, II, III
- 200 yards IV, V, VI

Field

- Club (IA only)
- Discus
- Shot (All except IA)
- Javelin (All except IA)

Track

Helmets are mandatory.

- Power Chair 200 (Mouth control)
- Power Chair 200 (Head [chin] control)
- Power Chair 200 (Hand control)
- Power Chair Relay (Mouth control)
- Power Chair Relay (Head [chin] control)
- Power Chair Relay (Hand control)
- 100 meters
- 200 meters
- 400 meters
- 800 meters (10-minute time limit)
- 1500 meters (18-minute time limit)

Other

- Basketball—Limited to 96 competitors.
- Handcycling (IA–IC/II–III/IV–V)—**Helmets are mandatory.**
No loaner equipment available.
- Motor Rally
- Motorized Slalom (Hand control)—**Helmets are mandatory.**
- Motorized Slalom (Head [chin] control)—**Helmets are mandatory.**
- Motorized Slalom (Mouth control)—**Helmets are mandatory.**
- Nine Ball
- Power Soccer (Mouth control)
- Power Soccer (Head [chin] control)
- Power Soccer (Hand control)
- Quad Rugby—Limited to 40 competitors.
- Quad Weightlifting
- Slalom—**Helmets are mandatory.**
- Softball—Limited to 120 competitors.
No motorized wheelchairs or scooters.
- Table Tennis (Single elimination)
- Trapshooting (Limited to 50 competitors)
- Weightlifting (By bodyweight)

Exhibition

Does not count as one of the two minimum or five maximum events.

- Sled Hockey (Limited to 48 competitors)

Clinics

These clinics are for amputees **using** their prostheses. These clinics count toward the two event minimum and five event maximum.

- Standing Archery Standing Track
- Standing Table Tennis Standing Field

NOTE: Anyone participating in an event requiring a helmet must bring his or her own helmet.

FORM G

Damage Provisions

In the unlikely event that damage to any hotel property occurs as a result of a participant’s or their guest’s negligence or intentional misconduct, the participant agrees to assume all liability and expense and, in addition to any other rights as may be had against such participant or guest, the participant agrees to indemnify, defend, and hold harmless Paralyzed Veterans of America and its officers, directors, partners, affiliates, members, and employees from and against all demands, claims, damages to persons and/or property, losses, and liabilities, including reasonable attorney fees (collectively “Claims”) arising out of or caused by the participant’s or their guest’s negligence or intentional misconduct. The hotel or Paralyzed Veterans of America may charge the participant’s account or bill the participant directly for all such charges. The participant agrees and acknowledges that neither Paralyzed Veterans of America nor the hotel will be responsible for the safekeeping of their equipment or other valuable items left in function rooms, guestrooms, or anywhere on the hotel property other than the hotel safe. State laws will govern the hotel’s liability for items stolen from guestrooms or items kept in the hotel’s safe.

Print Name

Team Affiliation

* Mandatory Signature

Date

Operation Iraqi Freedom/Operation Enduring Freedom Information Release **ONLY**

If you served in Iraq or Afghanistan during Operation Iraqi Freedom/Operation Enduring Freedom, would you like to be introduced to Paralyzed Veterans of America representatives from the Paralyzed Veterans of America chapter(s) in your home state/area? Yes No

Signature: _____ Date: _____

PRESENTED BY



DEPARTMENT OF
VETERANS AFFAIRS



PVA
PARALYZED VETERANS
OF AMERICA

HOSTED BY

The VA Nebraska-
Western Iowa
Health Care System

Great Plains
Chapter Paralyzed
Veterans of America

FORM H

28th National Veterans Wheelchair Games

Waiver & Release of Liability/Publicity and other use Release

In consideration of being allowed to participate in the 28th National Veterans Wheelchair Games, related events, and activities, (collectively the "Games"), I, the undersigned, acknowledge, appreciate, and agree that:

1. I, for myself and on behalf of my heirs, assigns, personal representatives, administrators, and next of kin, HEREBY RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE, AND FOREVER DISCHARGE the United States Government; the Department of Veterans Affairs ("VA"); Paralyzed Veterans of America ("Paralyzed Veterans of America"); the Great Plains Chapter Paralyzed Veterans of America; their officers, directors, members, vendors, contractors, agents, and employees; and, any and all sponsoring agencies, sponsors, advertisers, owners, and lessors of premises used to conduct the Games, related events and activities; and, officials, volunteers, and other participants of the Games, (hereinafter "RELEASEES"), from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of any of the RELEASEES, or otherwise, while participating in the Games.

2. The risk of injury from the activities involved in these Games is significant, including the potential for serious bodily injury, including death, and property damage. I am fully aware of the risks and hazards associated with participating in these Games and I voluntarily, without any inducement, elect to participate in the Games. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, and assume full responsibility for my participation.

3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual, significant hazard during my presence or participation, I will remove myself from participating and bring such to the attention of the nearest official immediately.

4. I hereby consent to medical treatment in the case of emergency. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.

5. I hereby voluntarily and without compensation authorize pictures, video, and/or voice recording(s) to be made of me by, or on behalf of Paralyzed Veterans of America, the Department of Veterans Affairs, U.S. military publications, *Sports 'n Spokes*, *PN*, and other magazines, veterans publications, newspapers, and broadcast media, etc., during the Games. I authorize any or all of the above to publicize, and/or display such photographs, video, and recordings, or any image or likeness derived therefrom, or to provide such photographs, video and recordings, to others of their choosing for display, without notice, or payment of any royalty, fee or other compensation of any character to me for the use of my image and/or voice recording. I understand that such pictures, video and/or voice recordings are intended to publicize and give recognition to the Games; and my authorization shall extend to any lawful purpose, including, but not necessarily limited to, public relations, promotional activities, and fundraising. Also, I authorize storage of my registration and event data in electronic media.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Signature _____

* **Mandatory Signature**

Name (Please print) _____

Date Signed ____/____/____

* REQUIRED

Name: _____

Postmark Date: _____

Medical records scanned: _____

Date Registered: _____

Hometown NR forwarded: _____

Reg. finalized: _____

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