

# ADAPTIVE SPORTS CLINIC

SEPTEMBER 15, 2015

10 A.M. TO 2 P.M.

IRON MOUNTAIN VA  
OUTDOOR PAVILION



## FEATURING:

- \* *ADAPTIVE CYCLING*
- \* *SPORTS CHAIRS FOR TENNIS, BASKETBALL, ETC.*
- \* *QUAD RUGBY*
- \* *WHEELCHAIR TENNIS*
- \* *DEMOS & INSTRUCTIONS*
- \* *EXPERTS ON HAND*



**DOWNLOAD REGISTRATION FORM AT**

**[www.IronMountain.VA.gov](http://www.IronMountain.VA.gov) or**

**CALL (800) 215-8262, EXT 31378 (Deb Pate)**

**or EXT 34740 (Kim Nelson)**

**OSCAR G. JOHNSON VA MEDICAL CENTER**

**VETERAN'S ADAPTIVE SPORTS CLINIC VETERAN REGISTRATION FORM**

PLEASE RETURN FORMS TO DEBRA J. PATE, EXT 31378 OR KIM NELSON, EXT 34746

SPINAL CORD INJURY

FAX: 906-779-3143

**REGISTRATION FORMS ARE DUE NO LATER THAN SEPTEMBER 4, 2015**

**\*\*\*REGISTRATION IS LIMITED\*\*\***

**\*\*\*SCI VETERANS WILL HAVE PRIORITY\*\*\***

**VETERAN INFORMATION:**

VETERAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PRIMARY VA CLINIC: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

**MEDICAL CLEARANCE:**

**PRIMARY DIAGNOSIS:**

- Paraplegic
- Quadriplegic
- Multiple Sclerosis
- TBI/Polytrauma
- Amputee
- PTSD
- Low Vision
- Other

**LEVEL OF INDEPENDENCE:**

- Independent
- Independent once oriented
- Need sighted guide
- Need assistance with mobility
- Need assistance with transfers

**LIMITATIONS/PRECAUTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICAL HISTORY:**

Allergies: \_\_\_\_\_

Heart Problems

Diabetes

High Blood Pressure

Back Problems

Seizures

Current Medication:

\_\_\_\_\_  
\_\_\_\_\_

Other (please specify)

\_\_\_\_\_

**MOBILITY:**

Ambulatory

Ambulatory with assistive devise (cane, walker)

Manual Wheelchair

Power Wheelchair

**EMERGENCY CONTACT INFORMATION:**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

*For logistical questions, contact Debra (ext. 31378) or Kim(ext. 34746),*

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**