



WOUNDED WARRIOR DISABLED SPORTS PROJECT INDIVIDUAL APPLICATION



Yes! I am interested in applying to attend Wounded Warrior Disabled Sports Project events and being kept informed of other programs:

DS/USA will share this information ONLY with its chapters (98 chapters in 38 states) and Wounded Warrior Project.
Please check here if you do NOT want your information shared with DS/USA chapters and/or Wounded Warrior Project
For any other organization, your information will not be shared without prior permission.

The Wounded Warrior Disabled Sports Project serves those who have sustained permanent physical disability while serving in combat (post 2001) overseas. Qualifying Wounded Warriors will receive free DSUSA membership.

Today's Date: _____ Date of Birth: _____

Name: _____ Rank: _____

Branch of Service: Air Force Army Marines Navy National Guard Other: _____

Name of Significant Other/Next of Kin: _____ Relationship: _____

Weight: _____ Height: _____ Gender: Male Female

Disability: _____

Date Injured: _____ Where Injury Occurred (Country): _____

Cause of Injury: _____

Hospital Location: WRAMC BAMC Other: _____ Estimated Length of Stay: _____

Current Phone: _____ Cell Phone: _____ Perm. Home Phone: _____

E-mail: _____ Alt. E-mail: _____

Permanent Home Address (NOT Hospital): _____

City: _____ State: _____ Zip Code: _____

Bio and Future Goals (Please include any military medals): _____

Sports Participation Survey

•Which sports would you like to participate in: (Check all that apply; double check or star any of high interest)

<input type="checkbox"/> Alpine Skiing	<input type="checkbox"/> Canoeing	<input type="checkbox"/> Hunting	<input type="checkbox"/> Rafting	<input type="checkbox"/> Sledge Hockey	<input type="checkbox"/> Track and Field
<input type="checkbox"/> Archery	<input type="checkbox"/> Cycling	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Snowboarding	<input type="checkbox"/> Triathlon
<input type="checkbox"/> Basketball	<input type="checkbox"/> Fencing	<input type="checkbox"/> Nordic Skiing	<input type="checkbox"/> Sailing	<input type="checkbox"/> Swimming	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Boccia	<input type="checkbox"/> Fishing	<input type="checkbox"/> Power-lifting	<input type="checkbox"/> SCUBA Diving	<input type="checkbox"/> Table Tennis	<input type="checkbox"/> Water-Skiing
<input type="checkbox"/> Camping	<input type="checkbox"/> Golf	<input type="checkbox"/> Quad Rugby	<input type="checkbox"/> Shooting	<input type="checkbox"/> Tennis	Other: _____

Signature: _____ Date: _____

Please Return from to: **BAMC:** Heather Gardner, CTRS; **WRAMC:** Harvey Naranjo, Occupational Therapy; **Other:** Kat Poster, Disabled Sports USA, 451 Hungerford Drive, Suite 100, Rockville, MD 20850; Tel: 301-217-9840, Fax: 301-217-0968, E-mail: events@dsusa.org, Web: www.dsusa.org.