

# PARALYMPIC EXPERIENCE 2009

## REGISTRATION FORM

### Individual Registration Form

(One entry form must be filled out for each participant)

Athlete    Parent    Teacher    Coach    Therapist    Recreation Staff

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Gender: \_\_\_\_\_ Age: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Disability (if applicable): \_\_\_\_\_ Wheelchair user: \_\_\_Y\_\_\_N

T-Shirt Size: \_\_\_Adult \_\_\_Child/ S M L XL XXL

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## REGISTRATION FORM

### Athlete Profile Form (athletes only)

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Nickname:** \_\_\_\_\_

**Gender:** \_\_\_\_\_ **Date of Birth :** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Disability:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**School/Grade:** \_\_\_\_\_

**Favorite Sports:** \_\_\_\_\_

**Classification (if known):** \_\_\_\_\_

**Interests/Hobbies:** \_\_\_\_\_