

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

PARALYMPIC EXPERIENCE 2009

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: _____