



**2009 USOC Paralympic Military Branch Sports Camp**  
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**Service Member Registration Form**

*June 26-July 1, 2009*

*focusing on archery, rowing, cycling, swimming,  
 track & field, sit volleyball and sailing*

Please click the "Submit Form" button above to submit this form via e-mail. Please contact Dawna Callahan at [dawna.callahan@usoc.org](mailto:dawna.callahan@usoc.org) with questions.

**SERVICE MEMBER INFORMATION**

Last name:		First:	DOB:	Gender:
Permanent mailing address:				
P.O. box:	City:		State:	ZIP Code:
Primary Email:	Mobile phone no:	Secondary Phone No.		

To qualify for the program, service members must have a Paralympic-eligible physical disability. These disabilities include: amputations, visual impairment, traumatic brain injury and spinal cord injuries.

Disability:  Amputee  Blind/Visually Impaired  Traumatic Brain Injury  Spinal Cord Injury

Please specify disability (i.e. above knee, below elbow, C3, etc.): \_\_\_\_\_

Date of Disability: \_\_\_\_\_ Cause of Disability \_\_\_\_\_ Wheelchair User:

Please list your branch of service and rank:			Rank:
<input type="checkbox"/> Army	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Navy	
<input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard		

Please list your Medical Treatment Center:

WRAMC  BAMC  USNMC-SD  NNMC – Bethesda

VA Treatment Facility (please list) \_\_\_\_\_

Other (please list) \_\_\_\_\_

**FLIGHT INFORMATION**

Departure Airport (home airport): \_\_\_\_\_

Return Airport (if different from departure airport): \_\_\_\_\_