



PRE-SCREENING ATHLETE QUESTIONNAIRE

Name:

Address: City: State: Zip:

Phone Email

Date of Birth: Male Female

Military: Branch Rank Date of Service Marital Status

Disability Type:

Visually Impaired/ Blind Cerebral Palsy/ Traumatic Brain Injury Spinal Cord Injury
 Les Autres (i.e. dwarfism, MS, MD) Amputee: Arm Leg Hand Foot

Please Describe Disability:

Date of Disability:

Cause of Disability:

Sports Interest:

Alpine Skiing Archery Winter Biathlon Boccia Cycling Equestrian
 Fencing Field Goalball (Blind/ VI) Judo (Blind/ VI) Nordic Skiing Powerlifting Rowing
 Sailing Shooting Sitting Volleyball Sled Hockey Soccer Swimming Table Tennis
 Track Wheelchair (WC) Basketball Wheelchair Rugby WC Tennis WC Curling

Are you currently competing in a sport? Yes No

Have you competed previously in a sport (Prior Injury)? Yes No

If yes to either, what events and sports have you competed in?

Please list recent result in the last 24 months.

How long have you competed in your sport(s)?

Do you currently have a coach? Yes No

If yes, name of coach?

Do you have a training facility nearby? Yes No

If yes, name of facility?

Can you provide your own adaptive equipment for training? Yes No

If no, what equipment do you need?

Are or have you in the past done any strength and conditioning work? Yes No

What goals would you like to achieve in Paralympic sport?

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By checking this box, I _____, hereby grant permission of the USOC to share my above information with other disabled sports or club sports organizations.

Return to: Kallie Quinn, Manager, Paralympic Emerging Sport Programs kallece.quinn@usoc.org or Fax 719.866.2029