



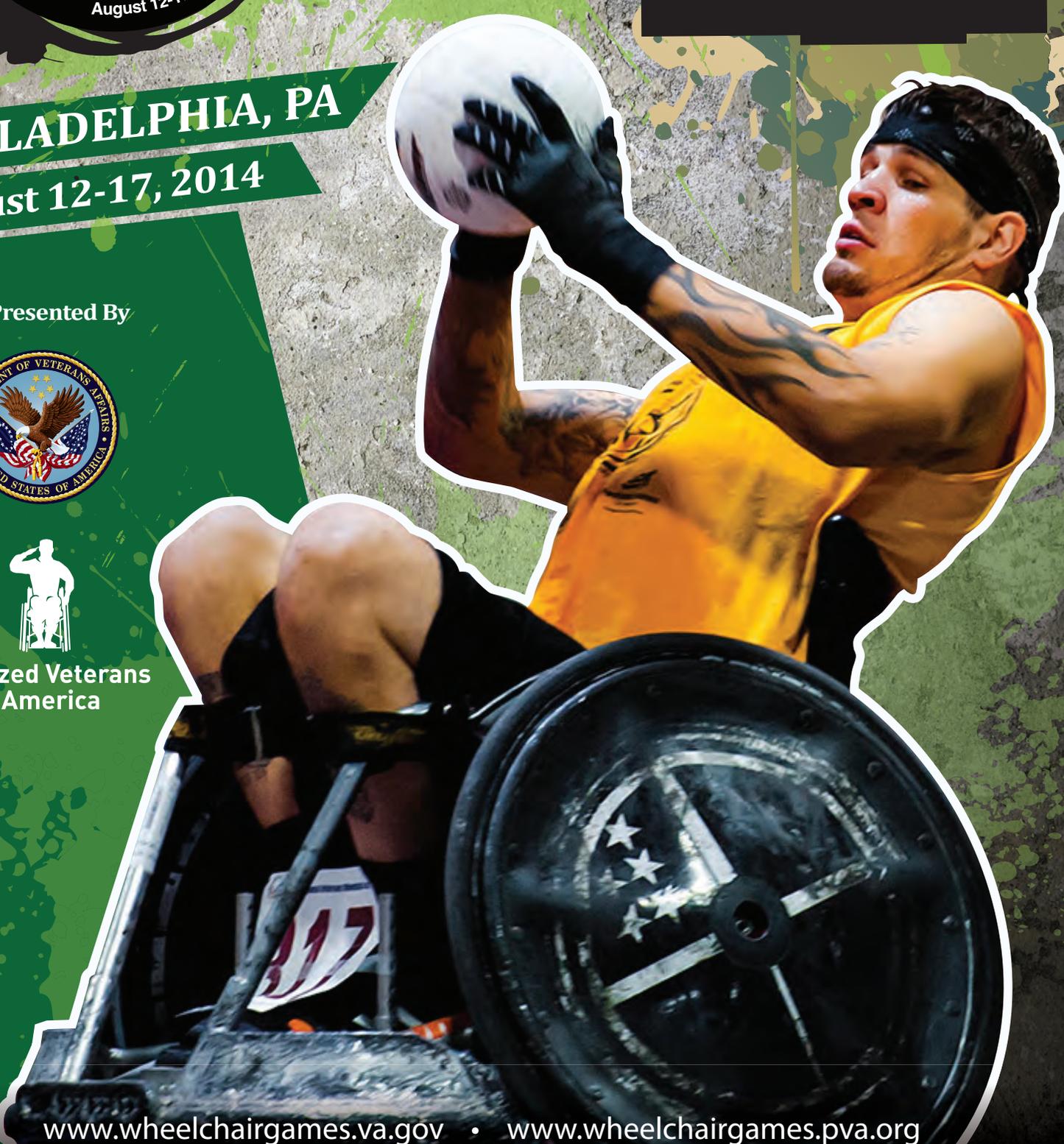
34TH NATIONAL VETERANS WHEELCHAIR GAMES

PHILADELPHIA, PA
August 12-17, 2014

Co-Presented By



**Paralyzed Veterans
of America**



About the Games

Join fellow Veterans at the 34th National Veterans Wheelchair Games (NVWG) August 12–17 in Philadelphia. These Games will be hosted by the Philadelphia VA Medical Center and the National Office of Paralyzed Veterans of America. Official events are air pistols, air rifle, archery, basketball, bocchia, bowling, field, handcycling, motor rally, nine ball, power soccer, quad rugby, slalom, softball, swimming, table tennis, track, trapshooting, and weightlifting.

Eligibility

Participation in the NVWG is open to Veterans having spinal cord injuries, amputations, multiple sclerosis, or other neurological conditions who require a wheelchair for athletic competition, and who are eligible to receive care at a VA medical facility. When a Veteran's diagnosis and eligibility to compete is in question, we will refer to the eligibility criteria appropriate for that person to participate in other community wheelchair sports organizations.

New for 2014

- Events with rule changes have an asterisk by their name in Events & Rules booklet.
- Participants in power soccer who need to borrow a guard must come to the guard assembly area during early registration, registration, or power soccer clinic.
- Air Pistol is a new medal sport (limit 50).
- Registration is required for VA caregivers who are using VA travel funds to support their travel/per diem to the NVWG.

Registration

Deadline: April 15, 2014

All athletes coaches, and caregivers who are VA employees must register by submitting the enclosed registration forms, postmarked on or before April 15, 2014. All forms, including a copy of a VA ID card must be completed and submitted to 34th NVWG Registration, c/o Paralyzed Veterans of America, 801 18th Street, NW, Washington, DC 20006-3517. Incomplete forms will automatically be returned if any of the following is missing:

- VA ID Card (Form C)
- Physician Clearance (Form D)
- Damage Provisions Signature Page (Form F)
- Waiver and Release of Liability (Form H)

Registration is limited to 550 athletes.

Completed registration forms are accepted in the order they are received, with priority given to novice athletes after the first 500 entries.

One coach per five athletes may register by completing all the appropriate information on the registration forms. **The coach must submit a complete list of athletes with the registration forms.** All registration deadlines apply to coaches and athletes.

Athlete and coach registration information will be stored in the Games database for purposes of historical information.

For VA employees using VA travel to attend the NVWG, one VA **coach** may register for up to 5 novice and/or experienced athletes with established rehabilitation goals relevant to their participation at the NVWG. One additional VA **coach** may be added for every additional Veteran meeting this criteria up to 10 and then in increments of 5. VA **caregivers**, such as VA nurses, are permitted to support only those Veterans meeting this criteria. We recognize that the level of care determines the staffing ratio and leave that determination to the individual teams, although this may be reviewed and justification required. Registration is required for both VA caregivers and coaches.

Athletes needing a caregiver must arrange that support on their own. NVWG Medical Staff is not available to provide attendant support.

Competitive Divisions

Athletes may select only one division for all events. Athletes must choose either the manual or powerchair event in slalom. Participation in both will not be allowed.

Novice: First-time competitors only, regardless of age (those who have **never competed in any organized wheelchair sporting event**). This includes the National Disabled Veterans Winter Sports Clinic and National Veterans Golden Age Games and the National Veterans Summer Sports Clinic.

Open: All competitors who have competed in sanctioned wheelchair sports competition or past NVWG.

Masters: Competitors who are 40–59 years old may compete in the Masters Division, or they may choose to compete in the Open Division.

DO NOT SCHEDULE CONFLICTING EVENTS!

CONFLICTING EVENTS:

Archery, Softball, Slalom 1A-B-C, Tennis

Softball, Trapshooting

Swimming, Weightlifting, Bocchia

Handcycling, Super G Slalom

Senior: Competitors who are 60 and older may compete in the Seniors Division, or they may choose to compete in the Open Division.

Event Rules

The enclosed "Events and Rules" booklet contains a description of each event and a summary of its rules and equipment policy. Please note all events with rule changes are indicated by * next to the name of the event.

Athletes registering for air rifles/pistols or trapshooting for the first time must establish a shooting time at the registration booths for these events during Early Classification and Air Rifle/Pistol Registration August 11 at the Pennsylvania Convention Center, Hall B, from 11 a.m. to 4 p.m. or the Disabled Sports, Recreation & Fitness Expo August 12 from 9 a.m. to 4 p.m. at the same location.

Ramp bowling is limited to Veterans who demonstrate a physical need to use a ramp (e.g., hand, muscle involvement). All Veterans wishing to ramp bowl who have not gone through classification before must go through classification for verification.

To ensure every competitor adequate playing time, the following events have a maximum number of competitors.

Archery: 90 total competitors

Basketball: 8 teams, 12 players per team (96 total competitors)

Power Soccer: 8 teams, 8 players per team (64 total competitors)

Quad Rugby: 4 teams, 10 players per team (40 total competitors)

Softball: 8 teams, 15 players per team (120 total competitors)

Trapshooting: 2 squads, 25 per squad (50 total shooters)

Air Pistol: 50 total competitors

FORM A 34TH NVWG APPLICATION

ATHLETE NUMBER - OFFICE USE ONLY

POSTMARK DEADLINE IS APRIL 15, 2014. Use the enclosed envelope to return your forms. Incomplete forms will be returned and must be resubmitted by the registration deadline.

REMOVE NAME AND ADDRESS PEEL-OFF LABEL FROM THE OUTER ENVELOPE AND AFFIX

HERE (mark any corrections). If you are a first-time participant and do not have a label, fill in your name and address.



Last name: _____	Last four of Social Security #: _____
First name: _____ MI: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female Date of Birth: ____/____/____ (MM) (DD) (YY)
Street address: _____	Day phone: () _____
City: _____	Evening phone: () _____
State: _____ Zip: _____	Cell/Carrier: () _____
	Email: _____

Branch of service: _____ Conflicts served: _____

Period of service: _____ to _____ Highest Rank/Rate Achieved: _____ Active Duty: Yes No
(YR) (YR)

Were you wounded in combat? Yes No If yes, which conflict? _____

Are you a Paralyzed Veterans of America member? Yes No If yes, which chapter? _____

Are you a Paralyzed Veterans of America associate member? Yes No If yes, which chapter? _____

Are you a member of any other VSO? Yes No If so, which one(s)? _____

Are you bringing a service dog? Yes No (*Personal Pets are not allowed.*)

Status and Classification

Competitor Coach (Non-VA)

VA Coach VA Caregiver

To be a qualified coach and VA Caregiver, please list below the names athletes you will be working with. See page 2 under Registration for approved staffing ratio and guidelines for VA coaches and VA caregivers.

1. _____ 2. _____ 3. _____
4. _____ 5. _____

Division (check one): Novice Open Masters Seniors (*See page 2 for definitions.*)

Are you a member of a team? Yes No If yes, team name: _____

Team coordinator/leader: _____ Cell: () _____ Email: _____

Alternate team contact _____ Cell: () _____ Email: _____

NVWG Medical Classification (if known):

General: IA IB IC II III IV V

Basketball: I II III Not known

Rugby: 0 .5 1.0 1.5 2.0 2.5 3.0 3.5 Not known Over 45 yrs. old

Swimming: IA IB IC II III IV V VI

Primary VA medical center: _____

Type of Wheelchair: Manual Head Control Mouth Control Hand Control

NOTE: Wheelchair Repair will not address preexisting damage to everyday wheelchair or to sports equipment. All Veterans are responsible for the maintenance and readiness of their equipment for competition. It is your responsibility as a competitor to ensure that your equipment is in good working order before you depart for the Games. Coordinate through your team coordinator an "in-service" with your VA prosthetics representative and Invacare representatives. Make sure that all chairs issued by VA are listed on your prosthetic eligibility card by serial number, and bring your card to the Games.

FORM B ITINERARY INFORMATION

ATHLETE NUMBER – OFFICE USE ONLY

Itinerary Information

Date of arrival in Philadelphia: ____/____/____ Date of departure from Philadelphia: ____/____/____

Mode of Transportation to the Games: Car Van HiTop Van* RV* Bus Train Airline

* Limited surface lot parking available. We must know in advance if you are driving a hightop van or RV in order to secure parking.

Arrival

Originating Airport: _____ Is this a direct flight to Philadelphia? Yes* No * (If yes, skip down to Arriving Air Carrier)

Originating Air Carrier: _____

Connecting Airport(s): _____ Multiple Connecting Flights? Yes No

Connecting Air Carrier: _____ Connecting Flight Number: _____

Arriving Air Carrier: _____

Arrival Time into: Philadelphia _____ AM/PM Arrival Flight Number: _____

Departure

Departing Airport: Philadelphia _____ Departure Flight Number: _____

Air Carrier: _____ Departure Time: _____ AM/PM

Is this a direct flight? Yes No
(If yes, skip down to Destination Airport)

Connecting Air Carrier: _____ Connecting Flight #: _____

Destination Airport: _____

Will you need transportation from and to the airport in Philadelphia? Yes No

Who will be making your travel arrangements? Name: _____

Contact Telephone #: _____ Email _____

DURABLE MEDICAL EQUIPMENT REQUESTS

Hotel Information

All participants are encouraged to bring their own assistive equipment (shower benches, commode chairs, etc.). A limited amount of such equipment will be available to **NOVICE ATHLETES FIRST**, then on a first-come, first-served basis. Please indicate the items needed, along with style, model numbers, etc., and we will try to accommodate you. All equipment must be returned to the DME room at the Games prior to departure. **Bring any medications and assistive equipment that you use.**

Item(s) needed: _____ Team Affiliation: _____

FORM C GENERAL MEDICAL FORM

ATHLETE NUMBER – OFFICE USE ONLY

(To be completed by participant. Please type or print clearly.)

Date: ____/____/____ VA Medical Center Name: _____

Name: _____

Last four digits of Social Security Number: _____ Email: _____

Address: _____

Daytime Phone: () _____ Evening Phone: () _____ Age: _____

Team coordinator/leader: _____ Phone: () _____ Email: _____

Alternate team contact: _____ Phone: () _____ Email: _____

In Case of Emergency, Notify:

Name: _____ Phone: () _____ Relationship to athlete: _____

Address: _____
City State Zip

(To be completed by the examining physician. Please type or print clearly.)

Dear Doctor: A current, detailed physical exam of the participant is required for this athlete to participate in the Wheelchair Games. Current medical conditions that may affect the athlete's participation should be noted. If an assistant completes the form, please countersign the exam.

Operations (Please list.)

- _____
- _____
- _____

Diagnosis/Type of Injury:

Date of injury or diagnosis: ____/____/____
(MM) (DD) (YY)

- Spinal Cord Injured (SCI)—level of injury: _____
- Multiple Sclerosis (MS) Paraplegic
- Amputee Quadriplegic
- Head Injury Other: _____

How were you injured? _____

Allergies

Are you allergic to anything? Yes No (If yes, specify.)

- _____
- _____
- _____

Medications (Please list all medications you are currently using. If you require more room, please attach an additional sheet.)

Medication Name	Dosage	How Often Taken
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Other Medical Information (Please list all other medical information concerning your current health status.)

VA Identification Card

**PLEASE ATTACH A COPY OF
VA IDENTIFICATION CARD HERE.**

Note: If you have an old VA identification card, please scratch out your Social Security number. No Military ID will be accepted unless you are still on active duty.

FORM D PHYSICAL EXAM

ATHLETE NUMBER – OFFICE USE ONLY

Weight: _____ Height: _____
Blood Pressure: _____ Head & Neck: _____
Lungs: _____ Abdomen: _____
Heart: _____ Extremities: _____
Skin: _____ Other Findings: _____

Present and Past Medical History (Diabetes, heart disease, hypertension, etc.)

Is the patient on dialysis?* Yes No

* Patient is responsible for setting up any dialysis treatment needed.

Is the patient on a ventilator? Yes No

Is the patient on anticoagulant drugs? Yes No

If yes, which: _____

Do you use tobacco? If so what type: _____

Physician Clearance

VA Non-VA

In my opinion, the above individual (you **must** check one of the following boxes):

is cleared to compete or is not cleared to compete

If **NOT** cleared, state reason: _____

Physician Information (Doctor: If an assistant completes the form, please countersign.)

Name of examiner: _____

Please check one

Print name of examining physician

MD PA NP

Signature: _____

Signature of examining physician

Address: _____

Street, Suite

City, State, Zip

Physician phone: () _____

Please print phone number clearly.

Date: _____

PLEASE ATTACH CLASSIFICATION CARD(S) HERE.

See right.

If applicable, please attach a **copy** (not the original) of your National Veterans Wheelchair Games, USQRA (quad rugby), and/or Wheelchair & Ambulatory Sports USA classification card to left.

NEURO EXAM

(Manual muscle test, 0-5)

Upper Extremity

	RIGHT	LEFT
Deltoid	_____	_____
Biceps	_____	_____
Wrist extension	_____	_____
Wrist flexion	_____	_____
Triceps	_____	_____
Finger extension	_____	_____
Finger flexion	_____	_____
Finger abd/add	_____	_____

Lower Extremity

	RIGHT	LEFT
Hip flexion	_____	_____
Hip extension	_____	_____
Hip adduction	_____	_____
Hip abduction	_____	_____
Knee flexion	_____	_____
Knee extension	_____	_____
Dorsiflexion	_____	_____
Plantarflexion	_____	_____

Sitting Balance (please check one)

Normal Fair
 Poor None

Handedness (please check one)

Right Left

Trunk (0-5 scale) UPPER LOWER

Abdominals	_____	_____
Spinal extensors	_____	_____

FORM E EVENT SELECTION

ATHLETE NUMBER – OFFICE USE ONLY

DO NOT SCHEDULE CONFLICTING EVENTS!
* See page 2 or page 3.

Check at least two and no more than five events. Do not schedule conflicting events! (See event schedule, page 3.) Each shaded box checked represents one event selected. EXCEPTION: All track, field, and swimming events count as one event regardless of how many boxes are checked under each event.

Air Guns

- Air Pistols Air Rifles

Have you ever competed in a sanctioned air rifle shooting event? Yes No

RIFLE

Bringing my own/team rifle? Yes No

Model/Type _____

(If bringing your own/team air rifle, it must be in a locked case.)

Need to borrow air rifle

- Left-handed Right-handed

OTHER EQUIPMENT

	Bringing	Borrowing
Support Stand	<input type="checkbox"/>	<input type="checkbox"/>
Remote Trigger Mechanism	<input type="checkbox"/>	<input type="checkbox"/>

NOTE TO AIR GUNS, ARCHERY & TRAP SHOOTING PARTICIPANTS: Lending of equipment is on a first-come, first-served basis. **Novice** participants have priority.

Archery

Limited to 90 competitors.

- Recurve Bow
 Compound Bow (not available to loan)

Bowling (3 games, total pins)

- Ramp (Head/mouth control)*
 Ramp (Hand control)*
 Ramp (II-V)*
 Stick (IA, IB, IC)
 Stick (II-V)
 Handleball (IA, IB, IC)
 Handleball (II-V)
 Manual (All classes)

* All Ramp bowlers will be required to go through classification if not previously classified.

(Name: Please Print)

(Signature)

(Division)

Power Soccer

- Power Soccer (Mouth control)
 Power Soccer (Head [chin] control)
 Power Soccer (Hand control) *No scooters.*
—Power Soccer limited to 64 competitors.

Do you use a center post power wheelchair? (check one)

- Yes No

Do you need to borrow a guard? (check one)

- Yes No

Swimming (8 classes)

(All swimming events only count as 1 event)

Backstroke

- 25 yards IA, IB, IC
 50 yards II, III
 100 yards IV, V, VI

Breaststroke

- 25 yards IA, IB, IC
 50 yards II, III
 100 yards IV, V, VI

Freestyle

- 25 yards IA, IB, IC
 50 yards IA, IB, IC, II, III
 100 yards II, III, IV, V, VI
 200 yards IV, V, VI

Butterfly

- 25 yards IA, IB, IC, II
 50 yards III, IV, V, VI

Individual Medley

- 75 yards IA, IB, IC, II, III
 200 yards IV, V, VI

Field

(All field events only count as 1 event)

- Club (IA only)
 Discus
 Shot (All except IA)
 Javelin (All except IA)

NOTE: Anyone participating in an event requiring a helmet must bring his or her **OWN HELMET**.

Track

* Helmets are mandatory.

(All Track Events only count as 1 event)

- 100 meters *
 200 meters *
 400 meters *
 800 meters (10-minute time limit) *
 1500 meters (18-minute time limit) *

Other

* Helmets are mandatory.

- Basketball—Limited to 96 competitors.
 Boccia (IA–IB–IC only)
 Handcycling (IA–IC/II–III/IV–V) *
No loaner equipment available.
 Motor Rally
Electronic equipment (iPhones, iPods, etc.) not allowed
 Motorized Slalom (Hand control) * *
 Motorized Slalom (Head [chin] control) * *
 Motorized Slalom (Mouth control) * *
 Nine Ball
 Quad Rugby—Limited to 40 competitors.
 Quad Weightlifting
 Slalom * *
No scooters or power assisted chairs.
 Softball—Limited to 120 competitors.
No motorized wheelchairs or scooters.
 Table Tennis (Single elimination)
 Trapshooting (Limited to 50 competitors)
If bringing your own shotgun, it must be in a locked case.
 Weightlifting (By body weight)

* You can only compete in one slalom event—either manual or power—NOT BOTH.

Exhibitions

Tennis Clinic: Have you played wheelchair tennis before?

- Yes No

Sign-up times will be given at Registration on August 12. *The clinic does not count as one of the two minimum or five maximum events.*

FORM F

Damage Provisions

In the unlikely event that damage to any hotel property occurs as a result of a participant's or their guest's negligence or intentional misconduct, the participant agrees to assume all liability and expense and, in addition to any other rights as may be had against such participant or guest, the participant agrees to indemnify, defend, and hold harmless Paralyzed Veterans of America and its officers, directors, partners, affiliates, members, and employees from and against all demands, claims, damages to persons and/or property, losses, and liabilities, including reasonable attorney fees (collectively "Claims") arising out of or caused by the participant's or their guest's negligence or intentional misconduct. The hotel or Paralyzed Veterans of America may charge the participant's account or bill the participant directly for all such charges. The participant agrees and acknowledges that neither Paralyzed Veterans of America nor the hotel will be responsible for the safekeeping of their equipment or other valuable items left in function rooms, guestrooms, or anywhere on the hotel property other than the hotel safe. State laws will govern the hotel's liability for items stolen from guestrooms or items kept in the hotel's safe.

Print Name

Team Affiliation

* **Mandatory** Signature

Date

* REQUIRED

Operation Iraqi Freedom/Operation Enduring Freedom Information Release ONLY

If you served in Iraq or Afghanistan during Operation Iraqi Freedom/Operation Enduring Freedom, would you like to be introduced to a Paralyzed Veterans of America service officer in your home state/area? (You do not have to be a PVA member or have a spinal cord injury to take advantage of our services.) Yes No

Signature: _____ Date: _____

To find out about other sports and recreation opportunities in your area, please visit www.pva.org/sports.

PRESENTED BY



**Paralyzed Veterans
of America**

HOSTED BY

Philadelphia
VA Medical Center

Paralyzed Veterans
National Office

FORM G



Department of Veterans Affairs

CONSENT FOR USE OF PICTURE AND/OR VOICE

CONSENT OF (Name)

NOTE: The information requested on this form is solicited under the authority of title 38, United States Code. The execution of this form does not authorize disclosure of the materials specified below except for the purpose(s) stated. The specified material may be used within the VA for authorized purposes, such as for education of VA personnel or for VA research activities. It may also be disclosed outside the VA as permitted by law. If the material is part of a VA system of records, it may be disclosed outside the VA as stated in the 'Routine Uses' in the "VA Privacy Act Systems of Records" published in the Federal Register. A copy of the 'Routine Uses' is available upon request to the administrative office of the VA facility involved. You do not have to consent to have your picture or voice taken, recorded, or used. Your refusal to grant your consent will have no effect on any VA benefits to which you may be entitled.

I hereby voluntarily and without compensation authorize pictures and/or voice recording(s) to be made of me (or of the above-name individual if the individual is legally unable to give consent) by (specify the name of the VA facility, newspaper, magazine, television station, etc.)

Department of Veterans Affairs Office of National Veterans Sports Programs and Special Events

While I am (describe the activity, if any to be photographed or recorded)

A participant in an adaptive sport or art therapy program sponsored by the Office of National Veterans Sports Programs and Special Events.

I authorize disclosure of the picture and/or voice recording to (specify name and address of the organization, agency, or individual(s) to whom the release is to be made)

Newspapers, radio stations, television stations and other media outlets. In addition, VA may release this information to sponsor organizations of the Office of National Veterans Sports Programs and Special Events.

I understand that the said picture, video and/or voice recording is intended for the following purpose(s):

To promote the positive aspects of recreation therapy, adaptive sports, and art therapy.

I have read and understand the foregoing and I consent to the use of my picture and/or voice as specified for the above-described purpose(s). I further understand that no royalty, fee or other compensation of any character shall become payable to me by the United States for such use. I understand that consent to use my picture, video and/or voice recording is voluntary and my refusal to grant consent will have no effect on any VA benefits to which I may be entitled. I further understand that I may at any time exercise the right to cease being filmed, photographed or recorded, and may rescind my consent for up to a reasonable time before the picture, video or voice recording is used.

SIGNATURE OF INDIVIDUAL OR OTHER LEGALLY AUTHORIZED PERSON

DATE

PERMISSION OBTAINED BY (NAME - TITLE - ADDRESS)

SIGNATURE OF INTERVIEWER OR INDIVIDUAL OBTAINING CONSENT

DATE

PRODUCTION TITLE

PRODUCTION NUMBER

Office of National Veterans Sports Programs and Special Events

INDIVIDUAL'S NAME AND ADDRESS

IMPORTANT: This form must always be completed prior to the making or using pictures, video or voice recording(s) of any VA patient. If any patient health or demographic information is to be provided or released with the picture, video or voice recording, VA Form 10-5345, Request for and Authorization to Release Medical Records or Health Information is required prior to the release of such data to any source.

FORM H

34th National Veterans Wheelchair Games

Waiver & Release of Liability/Publicity and Other Use Release

In consideration of being allowed to participate in the 34th National Veterans Wheelchair Games, related events, and activities, (collectively the "Games"), I, the undersigned, acknowledge, appreciate, and agree that:

1. I, for myself and on behalf of my heirs, assigns, personal representatives, administrators, and next of kin, HEREBY RELEASE, HOLD HARMLESS, COVENANT NOT TO SUE, AND FOREVER DISCHARGE the United States Government; the Department of Veterans Affairs ("VA"); Paralyzed Veterans of America ("PVA"); their officers, directors, members, vendors, contractors, agents, and employees; and, any and all sponsoring agencies, sponsors, advertisers, owners, and lessors of premises used to conduct the Games, related events and activities; and, officials, volunteers, and other participants of the Games, (hereinafter "RELEASEES"), from any and all liability, claims, demands, actions, and causes of action whatsoever arising out of or related to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of any of the RELEASEES, or otherwise, while participating in the Games.

2. The risk of injury from the activities involved in these Games is significant, including the potential for serious bodily injury, including death, and property damage. I am fully aware of the risks and hazards associated with participating in these Games and I voluntarily, without any inducement, elect to participate in the Games. I KNOWINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERS, and assume full responsibility for my participation.

3. I willingly agree to comply with the stated and customary terms and conditions for participation. I will support the spirit of competition and fair play. I acknowledge that any behavior on my part that is inappropriate and impacts the NVWG or the participation of my fellow Veterans in a negative manner may result in my removal from the NVWG and future participation.

4. I hereby consent to medical treatment in the case of emergency. I agree to assume full responsibility for payment of any and all fees incurred as a result of such medical treatment.

5. I hereby voluntarily and without compensation authorize pictures, video, and/or voice recording(s) to be made of me by, or on behalf of Paralyzed Veterans of America, the Department of Veterans Affairs, U.S. military publications, *Sports 'n Spokes*, *PN*, and other magazines, Veterans publications, newspapers, and broadcast media, etc., during the Games. I authorize any or all of the above to publicize, and/or display such photographs, video, and recordings, or any image or likeness derived therefrom, or to provide such photographs, video and recordings, to others of their choosing for display, without notice, or payment of any royalty, fee or other compensation of any character to me for the use of my image and/or voice recording. I understand that such pictures, video and/or voice recordings are intended to publicize and give recognition to the Games; and my authorization shall extend to any lawful purpose, including, but not necessarily limited to, public relations, promotional activities, and fundraising. Also, I authorize storage of my registration and event data in electronic media.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT INDUCEMENT.

Signature _____

* Mandatory Signature

Name (Please print) _____

Date Signed ____/____/____

* REQUIRED

FOR OFFICE USE ONLY

Name:

Postmark Date:

#:

Sport Clinics

(Optional) Handcycle tune-up—e.g., air in tires, shifting lessons—will be offered Saturday, August 16, from 8 a.m. to noon in Hall B of the Pennsylvania Convention Center.

Power Soccer Clinic (optional), Tuesday, August 12, from 1–2 p.m. in Hall A of the Pennsylvania Convention Center.

Basketball & Quad Rugby Clinics (optional), Tuesday, August 12, from 1–2 p.m. in Hall A of the Pennsylvania Convention Center.

Tennis Clinic will be held Wednesday, August 13, at 1 p.m.

Closing Ceremonies & Celebration

The Department of Veterans Affairs and Paralyzed Veterans of America will host the Closing Ceremony Sunday, August 17. Athletes attend at no cost. Price of the Closing Celebration will be \$20 each for all others attending.

Do not send money for tickets with your registration form. Tickets may be purchased by cash or check during the week from Stacy Kulig. Please contact your coach for your seat assignment. All athletes not assigned to a team, please contact Stacy Kulig for more information at stacyk@pva.org.

Forms for Publicity

Please complete the attached VA Form 10-3203, Consent for use of picture and/or voice (Form G), which authorizes VA's public affairs staff to release your photograph and/or voice recordings to newspapers, radio stations, television stations and any other media outlets to promote your participation in this event. It also allows VA to contact your local media, include you in newsletter stories and prepare feature profiles or articles on selected athletes.

If you wish us to publicize your participation in this event, your signature is required on this form, which must be filled out completely.

continued on page 4

34th National Veterans Wheelchair Games Schedule of Events

Monday, August 11

All day	Arrivals and Check-in
11 a.m.–4 p.m.	Air Rifle/Pistol Registration, Early Classification, Early Registration

Tuesday, August 12

All day	Check-in
9 a.m.–4 p.m.	Games Registration
9 a.m.–4 p.m.	Expo
11:30 a.m.	Games Kickoff
1–2:30 p.m.	Coaches' Meeting
1–2 p.m.	Power Soccer Clinic
1–2 p.m.	Basketball/Quad Rugby Clinic (Optional)
2:30–3:30 p.m.	Novice Athlete Meeting
6–7 p.m.	Opening Ceremonies

Wednesday, August 13

5:30–9 a.m.	Breakfast
7:30–8:30 a.m.	Late Registration
8 a.m.	Air Rifle (by assigned times) Track (IA, IB, IC, II) Field (III, IV, V)
10 a.m.	Air Rifle (by assigned times)
10:30 a.m.–1:30 p.m.	Lunch
1 p.m.	Track (III, IV, V) Air Rifle (by assigned times) Field (IA, IB, IC, II) Tennis - Exhibition (all)
3 p.m.	Air Rifle (by assigned times)
4:30–6:30 p.m.	Dinner
6:00 p.m.	Bowling (Ramp)
6:30 p.m.	Basketball (Games 1, 2, 3)
7 p.m.	Air Rifle (by assigned times)
8 p.m.	Basketball (Games 4, 5, 6)

Thursday, August 14

5:30–9 a.m.	Breakfast
8:00 a.m.	Air Rifle (by assigned times) Bowling (IV, V) Nine Ball (IA, IB, IC)
10 a.m.	Air Rifle (by assigned times)
10:30 a.m.–1:30 p.m.	Lunch
11:00 a.m.	Bowling (II, III)
1 p.m.	Air Rifle (by assigned times) Table Tennis (IV, V)
2:00 p.m.	Bowling (IA, IB, IC, Stick, Handle)
3 p.m.	Air Rifle (by assigned times)
4:30–6:30 p.m.	Dinner
6:30 p.m.	Basketball (Games 7, 8)
7 p.m.	Air Pistol (by assigned times) Power Soccer (Game 1)
8 p.m.	Basketball (Games 9, 10)
8:30 p.m.	Power Soccer (Game 2)

Friday, August 15

5:30–9 a.m.	Breakfast
8 a.m.	Table Tennis (II, III)
8 a.m.	Nine Ball (IV, V)

	Quad Rugby (Game 1) Power Soccer (Games 3, 4) Air Pistol (by assigned times)
9 a.m.	Weightlifting Weigh-in Kids Day
10 a.m.	Power Soccer (Games 5,6) Quad Rugby (Game 2)
10:30 a.m.–1:30 p.m.	Lunch
1 p.m.	Slalom (IV, V) Table Tennis (IA, IB, IC) Nine Ball (II, III)
4:30–6:30 p.m.	Dinner
6:30 p.m.	Slalom (II, III) Quad Rugby (Game 3) Power Soccer (Games 7, 8)
8 p.m.	Power Soccer (Games 9, 10)

Saturday, August 16

5:30–9 a.m.	Breakfast
8 a.m.	Softball (Games 1, 2) Archery (all) Tennis Exhibition (all) Slalom (IA, IB, IC) Handcycle Tune-Up
9 a.m.	Trapshooting (by assigned times) Power Soccer (Consolation)
9:30 a.m.	Softball (Games 3, 4)
10:30 a.m.–1:30 p.m.	Lunch
11 a.m.	Softball (Games 5, 6)
12:30 p.m.	Softball (Games 7,8)
1 p.m.	Trapshooting (by assigned times) Slalom (Hand, Head, Mouth)
2 p.m.	Softball (Games 9, 10)
3:30 p.m.	Softball (Cons - Champ)
4:30–6:30 p.m.	Dinner
6 p.m.	Boccia (IA, IB, IC)
7 p.m.	Weightlifting (all) Swimming (all)

Sunday, August 17

5:30–9 a.m.	Breakfast
7 a.m.	Handcycling (all)
8 a.m.	Motor Rally (motorized)
9:30 a.m.	Super "G" Slalom (by invitation)
10:30 a.m.–1:30 p.m.	Lunch
1 p.m.	Power Soccer (Cons - Champ) Basketball (Consolation)
3 p.m.	Basketball (Championship) Quad Rugby (Championship)
6 p.m.	Closing Ceremonies
6:45 p.m.	Closing Celebration

Monday, August 18

All day	Departures begin from hotel to airport at 3 a.m.
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Philadelphia Climate & Weather

The city averages a high of 85° F and low of 76° F in August, with potential for high humidity and averages 4 inches of rain.

Drink plenty of water before and during your trip to help your body adjust to the humidity.

Eat foods high in potassium, such as broccoli, bananas, avocado, cantaloupe, celery, greens, bran, chocolate, granola, dates, dried fruit, potatoes, and tomatoes.

Remember essentials: Medications in carry-on luggage, sun screen, lip balm, sunglasses, and other skin protection items.

Transportation

Ground transportation will be provided to and from Philadelphia International Airport and hotels Monday, August 11, from 8 a.m. to 11 p.m., and Tuesday, August 12, from 8 a.m. to noon. Departures from hotels to airport Monday, August 18, will run from 3 a.m. to 3 p.m. Arrivals and departures outside of these times will not be supported by NVWG transportation and are the responsibility of the participant. For Veterans driving to Philadelphia, no NVWG dedicated parking will be available; you will be responsible for your parking and associated fees (\$49 per night at hotel). Alternative parking sites, if available, will be included in the athlete confirmation.

Airline flight numbers and arrival/departure times must be provided by June 1, 2014, so transportation can be arranged.

Public transportation (Southeastern Pennsylvania Transportation Authority) is available directly from the airport to the hotel.

Meals

A meal debit card program will be used for the 34th NVWG. The amount on the card is based on the government per diem rate minus amounts for breakfast and other meals provided by PVA and the NVWG, such as the Block Party and Closing Celebration. Breakfast will be served at the athlete hotel. The final amount will be communicated in the athlete confirmation. Competitors and non-VA qualified coaches may pick up meal debit cards during registration August 12 at the last stop of the Disabled Sports, Recreation & Fitness Expo.

The meal debit card can only be used for food and nonalcoholic beverages.

In compliance with VA Financial Policies and Procedures, VA coaches and VA care-

ATTENTION Team/Coaches Coordinators

Please ensure that all of your team members use the same team name. Be sure each member of your team has team contact information on his or her forms. Make sure that team members list their PVA chapter affiliations (if applicable).

givers will need to be on VA travel. If VA employee is receiving donated funding support for travel or per diem, he or she must submit VA Form 0893 for approval to receive donated travel support through his or her local station. The NVWG meal debit card cannot be used by VA employees.

Hotel Accommodations

The Philadelphia Marriott Downtown (1201 Market St.) is the official Games hotel.

Reservations must be made by May 1. Teams are responsible for making their own reservations. Rooms will be booked on a first-come, first-served basis. See www.pva.org/gameshotel for details on making reservations online.

Room Rate: \$155 per night, not including local, state, and federal taxes (based on double occupancy). If you require a roll-away, it is complimentary, based on availability. A one-time \$10 per person, per room portage fee will be applied at checkout.

Multiple Reservations & Team Billing: See enclosed flyer.

Hotel Policy: Cancellations must be made with the hotel no later than 6 p.m. on your scheduled arrival day. Check-in is 4 p.m. and checkout is noon. The first night's lodging may be charged June 1, 2014, on your credit card.

Medicine and Equipment

Bring all medications and medical supplies with you in your **carry-on** luggage. **Do not** pack medicines in checked luggage as luggage can be lost or damaged.

Bring any assistive devices, specialty devices, and any other specialty equipment with you, as a limited amount of such equipment will be available to novice athletes first, then on a first-come, first-served basis. Check with the airport for the latest regulations about carry-on items.

Service Animals: Athletes with service animals are responsible for the care and behavior of the dog at all times during the NVWG. Please also include this information when making your flight reservations so the airline can make arrangements as necessary. **Personal pets are not allowed.**

Athlete Classification

Athletes who require classification will be given a medical exam and classified to ensure fair competition among those with similar degrees of disability.

Quadriplegics will be classified into three classes (IA, IB, IC) and paraplegics into four (II, III, IV, V). Amputees will be classified based on the level of amputation. Disabilities arising from stroke, multiple sclerosis, or other conditions will be classified based on level of impairment.

A physician must complete the Physical Exam Forms (C & D) for an athlete to be eligible to register and compete. Any application without the required completed forms will be returned and must be resubmitted by the registration deadline.

Classification will be completed during the Early Classification on August 11 from 11 a.m. to 4 p.m. at the Pennsylvania Convention Center and at the Disabled Sports, Recreation & Fitness Expo August 12 from 9 a.m. to 4 p.m. at the same location. Air Rifle/Pistol Classification will be held on both days. Only competitors with a NVWG classification that is permanent or less than three years old will be exempt from on-site classification. Reexamination and reclassification may be performed at the discretion of the NVWG Athlete Classification Team.

Questions?

Registration:

Paralyzed Veterans of America
Sports and Recreation Program
800-424-8200, ext. 752 or 657
9 a.m.–5 p.m. Eastern Time, M–F
www.pva.org/sports

Hotel Accommodations:

Shirlene Roberts-Harris, PVA
800-424-8200, ext. 616
11 a.m.–5 p.m. Eastern Time, M–F
shirlene@pva.org

General NVWG Matters:

Philadelphia VA Medical Center
Bethany Purdue
Local Host Coordinator
bethany.purdue@va.gov
215-823-5200
www.wheelchairgames.va.gov