

# **USSOCOM Warrior Care Program - Care Coalition**

# **Military Adaptive Sports Participation Interest Form**

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•	Full Name (As appears on ID):	•	Status (Active/Vet):
•	Phone #:	•	Rank:
•	Email:	•	Branch of Service:
•	Address:	•	Separation Date:

## SUPPORT REQUIREMENTS INFORMATION

- Do you have a certified Non-Medical Attendant (NMA)?
  - If Yes, please list Name, Relation (if any), and a Phone #:
- Do you have a certified Service Dog?:
- Are you a Daily Wheelchair User?:
  - Able to transfer into Cargo Passenger/Mini-Vans?:
  - Require accessible bathroom/roll-in shower
- Please list all physical limitations you would want our coaches/medical support staff to be aware of while participating in any MAS engagements:

### **DoD WARRIOR GAMES & INVICTUS GAMES**

- Are you familiar with the DoD Warrior Games and International Invictus Games?:
  - o If yes, are you interested in becoming a member of Team SOCOM / Team USA?:
- Please select from the following list of sports those you may be interested in competing:

0	Archery	0	Indoor Rowing	0	Swimming	0	Sitting Volleyball
0	Cycling	0	Powerlifting	0	Track	0	Wheelchair Basketball
0	Golf	0	Shooting (Air Rifle)			0	Wheelchair Rugby
0	Field	0	Shooting (Air Pistol)			0	Wheelchair Tennis

#### **OTHER**

In addition to the DoD Warrior Games and Invictus Games, USSOCOM MAS offers sailing, skiing & snowboarding, and triathlon (to name a few). List any other sporting or recreational activities you would be interested in if provided by USSOCOM MAS: