

# Adaptive/Disabled Sports League Registration

## Participant Information

First Name

Last Name

Date of Birth

Gender

Address

City

State/Province

Zip/Postal Code

Email

Phone Number

## Emergency Contact

Name

Relationship

Phone Number

## Disability & Needs

Type of Disability

Required Accommodations or Supports

## Relevant Medical Information

## Sports Preferences

### Select Preferred Sports

Wheelchair Basketball  
Adaptive Swimming  
Sledge Hockey  
Boccia  
Goalball  
Adaptive Track & Field  
Other



### Experience Level