

# Adaptive Sports Association Membership Form

First Name

Last Name

Date of Birth

Gender

## Contact Information

Email

Phone Number

Address

## Emergency Contact

Name

Phone

Relationship

## Membership Type

☐ Athlete ☐ Volunteer ☐ Coach ☐ Supporter

## Sports Interests

☐ Basketball ☐ Tennis ☐ Skiing ☐ Swimming ☐ Cycling

## Disability/Medical Information

Relevant Disability or Medical Information

## Notes

Additional Information