



# Adaptive Reconditioning Event Registration



Are you currently enrolled in the Navy Wounded Warrior (NWW) Program?

Yes. Please continue completing the registration.

No. **STOP**, do not complete this registration. Please speak to a NWW staff member who will work with you to complete the necessary referral paperwork for enrollment consideration.

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Please print all information on this registration.

### Event Information \*NWW Headquarters Use ONLY\*

Event Name: **Adaptive Sports Camp**

Event Location: **JBPHH, Honolulu, HI**

Event Dates: **5-11 FEB 2023**

### Personal Acknowledgement

Yes, I plan to attend. My signature on this document indicates my written commitment and interest in attending this NWW hosted adaptive reconditioning event. I understand this is ONLY a registration to participate and I will be formally informed in writing if selected to attend.

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Sports

Archery, Cycling, Shooting, Swimming, Track, Indoor Rowing, Sitting Volleyball

### Personal Information

Name: \_\_\_\_\_

Rank: \_\_\_\_\_ Rate or Designator: \_\_\_\_\_ Active or Reserve: \_\_\_\_\_ Retired (TDRL/PDRL/Other): \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Primary Airport: \_\_\_\_\_ Secondary Airport: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Current Command: \_\_\_\_\_ Command Location: \_\_\_\_\_

### Categories (Select all that apply):

Amputee      PTSD      Illness:      Spinal Cord Injury

Traumatic Brain Injury      Visual Impairment      Mental Health      Other:

### COVID-19 Vaccination Status (include date of shots):

Not Vaccinated      Partially Vaccinated      Fully Vaccinated      Boosted

### \*NWW Headquarters Use ONLY\*

TWMS Case Number: \_\_\_\_\_

#### Registration Status

Date Received at HQ: \_\_\_\_\_ HQs Decision and Date: \_\_\_\_\_ Date RSM notified: \_\_\_\_\_

Date documented in TWMS: \_\_\_\_\_

Comments: \_\_\_\_\_