



OPERATION RISE & CONQUER

Personal Information

First Name:

Middle Name

Last Name

Date of Birth: Gender Male Female
(MM/DD/YYYY)

Current Street Address:

City: State Zip:

Cell Phone:

Home Phone:

Work Phone:

E-mail Address

Alternate E-mail:

Weight: Height: Shirt Size:

Branch of Service: Air Force Coast Guard National Guard
 Army Marines Navy

Rank:

Service Status Active Duty In Medical Board Process
 Discharged and/or Retired

Who Referred you? Name and/or Organization:

Have you participated in any trips or events for injured military?

Yes No

If yes, how many and with what organizations?

Medical Information

Date Injured:

In what country did your injury occur?

Iraq Afghanistan United States
 Other

Injury/Disability

Injury/Disability

TBI Visual Impairment
 Spinal Cord Injury Amputation
 Burns Disfigurement
 Post Traumatic Stress
 Other

How were you injured?

How does your injury affect you?

Any recent surgeries and/or revisions?

Do you have a history of the following?

- | | |
|--|---|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Low Blood Pressure |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> None |

Any reason to limit your participation in physical activity

- Yes
 No

If yes, please list:

Please list any medications you are currently taking (dosage & reason):

History of Seizures?

- Yes
 No

If you have a history of seizures, do you know when you are going to have one?

- Yes No

Information about your seizures if you have them (Triggers, Type, Frequency, Last Episode):

Specifics of Visual Impairment if you have one:

Use of Assistance Device

- Yes
- No

If Yes, Please Describe

Use of Prosthetics:

- Yes
- No

If yes, for which activities?

Do you have any skin breakdowns and/or open wounds at this time?

- Yes
- No

If yes, where is it located and do you have a history of sores?

Do you have a history of autonomic dysreflexia?

- Yes
- No

Do you have a service animal?

- Yes
- No

If you have a service animal, will he or she be attending the event?

- Yes
- No

If you are bringing your service animal, please list animal's name, breed and the organization you received your animal from

Do you have any food allergies and/or dietary restrictions?

- Yes
- No

If yes, please list:

Do you have any non-food allergies?

- Yes
- No

If yes, please list:

Travel Information

Spelling of your name on your identification card:

Departure City

Nearest Airport(s)

Guest Information

Name:

Relationship

Date of Birth

Gender

 Male Female

Shirt Size

Current Address:

City:

State:

Zip:

E-mail:

Alternate E-mail:

Will your guest be traveling with you?

 Yes No

If not, what departure city/airport?

Any food allergies and/or dietary restrictions?

 Yes No

If yes, please list:

Any non-food allergies?

 Yes No

If yes, please list:

Any reason for your guest to limit their participation in physical activity?

 Yes No

If yes, please list:

Emergency Contact & Insurance Information

Primary
Emergency
Contact:

Relationship:

Phone
Number:

Secondary
Emergency
Contact:

Relationship:

Phone
Number:

Your Primary
Physician's
Name

Physician's
Phone Number

Medical
Insurance
Provider:

I understand that Lakeshore Foundation is an alcohol-free campus. I will not bring, purchase or consume any alcohol during Operation Rise and Conquer. Any violation of this policy is subject to immediate dismissal and removal from Operation Rise and Conquer.

Agree to the Yes
above
statement

I certify that the above information is accurate and I meet the qualifying criteria to attend Operation Rise and Conquer. I understand by submitting this application I will undergo an interview to review my application and may be asked to verify any information provided in this form. All applications are accepted on a first-come, first-serve basis. I acknowledge that in submitting this application that I am not guaranteed to attend Operation Rise and Conquer.

Understand the Yes
above
statement