



PRE-SCREENING ATHLETE QUESTIONNAIRE

Name:

Address:

City:

State:

Zip:

Phone

Email

Date of Birth:

Male ☐ Female ☐

Military: Branch

Rank

Date of Service

Marital Status

Disability Type:

☐ Visually Impaired/ Blind ☐ Cerebral Palsy/ Traumatic Brain Injury ☐ Spinal Cord Injury
☐ Les Autres (i.e. dwarfism, MS, MD) ☐ Amputee: ☐ Arm ☐ Leg ☐ Hand ☐ Foot

Please Describe Disability:

Date of Disability:

Cause of Disability:

Sports Interest:

☐ Alpine Skiing ☐ Archery ☐ Winter Biathlon ☐ Boccia ☐ Cycling ☐ Equestrian
☐ Fencing ☐ Field ☐ Goalball (Blind/ VI) ☐ Judo (Blind/ VI) ☐ Nordic Skiing ☐ Powerlifting ☐ Rowing
☐ Sailing ☐ Shooting ☐ Sitting Volleyball ☐ Sled Hockey ☐ Soccer ☐ Swimming ☐ Table Tennis
☐ Track ☐ Wheelchair (WC) Basketball ☐ Wheelchair Rugby ☐ WC Tennis ☐ WC Curling

Are you currently competing in a sport? ☐ Yes ☐ No

Have you competed previously in a sport (Prior Injury)? ☐ Yes ☐ No

If yes to either, what events and sports have you competed in?

Please list recent result in the last 24 months.

How long have you competed in your sport(s)?

Do you currently have a coach? ☐ Yes ☐ No

If yes, name of coach?

Do you have a training facility nearby? ☐ Yes ☐ No

If yes, name of facility?

Can you provide your own adaptive equipment for training? ☐ Yes ☐ No

If no, what equipment do you need?

Are or have you in the past done any strength and conditioning work? ☐ Yes ☐ No

What goals would you like to achieve in Paralympic sport?

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☐ By checking this box, I _____, hereby grant permission of the USOC to share my above information with other disabled sports or club sports organizations.

Return to: Kallie Quinn, Manager, Paralympic Emerging Sport Programs kallece.quinn@usoc.org or Fax 719.866.2029