

Dear Athlete:

The 2016 Wheelchair Games are scheduled for Saturday, September 24th.

Enclosed is your informational packet, including a registration form. We hope to see you at this fun and exciting invitational meet.

The Wheelchair Games competitive categories include a Futures Division (six and under), a separate Junior Division, Adult and separate Masters levels at age 35 and older, age 50 and older, and the senior Masters division at age 60 and over. Beginning at 9:00 a.m. there will be field, table tennis, a slalom (obstacle) course. Track events start at 1:30 p.m.

Morning event winners will be awarded during lunchtime, track event winners will be awarded after all track races have been completed.

As noted on the registration form, entries received by September 2 are entitled to a \$5 discount on the regular registration fee of \$25. Your registration fee includes an event t-shirt, lunch and a goodie bag.

In addition to the athletic events, Burke's Wheelchair Games features lots of fun for families too! There will be musical entertainment all day as well as silent auctions and chance raffles.

This year, we are adding the precision toss and high toss field events. These events are open to the following classes: F31, F32, and F51. We encourage athletes to sign up for these events (including the bean bag toss) rather than the traditional shot put, discus and javelin.

Please call (914) 597-2850 if you have any questions about the Games. If you have questions about classification and/or the athletic events, please contact Ralph Armento, meet director, at <u>ralph461@msn.com</u> or at (732) 266-2634

We look forward to seeing you on September 24.

Sincerely,

Burke Wheelchair Games Committee

enclosures



Burke Wheelchair Games 9/24/2016

INSTRUCTIONS FOR COMPLETING THE REGISTRATION FORM

- 1. Please note that there are *three* registration forms for:
 - Adult and Master Athletes (ages 23 and up) ALL CLASSES
 - Junior Athletes in classes 11-13, 20, 40, 41-46 (amputees) and 51-58 (wheelchair classes) This is JUNIOR FORM A.
 - Junior Athletes in classes 31-38 only (athletes with CP) THIS IS JUNIOR FORM B.
- 2. In addition to the registration form, you must complete, sign and submit the Release of Liability and Permission to Photograph/Video Section.
- 3. There is a maximum of three field events allowed for each athlete.
- 4. With regard to track events, individuals in power chairs are limited to the 60 and 100 meter races. In addition, power chairs can be used *only* by T31 and T51 classes.
- 5. The appropriate registration form, fees and release of liability **must be postmarked** *no later than September 16, 2016* and sent to the following:

Burke Wheelchair Games Burke Rehabilitation Hospital 785 Mamaroneck Avenue White Plains, NY 10605

- 6. For questions on the *registration form or events*, please contact Ralph Armento, Meet Director, at <u>ralph461@msn.com</u> or (732) 266-2634.
- 7. If you have any other questions, please call (914) 597-2850 and leave a message. We will return your call as soon as possible.
- 8. If you live in Westchester County you may apply for transportation through the Westchester County Office for the Disabled. Contact them directly at: Westchester County Office for the Disabled Attn.: ParaTransit
 148 Martine Avenue, Room 102 White Plains, NY 10601 Tel: (914) 995-2960
- 9. We reserve the right to cancel any event due to lack of participation.
- 10. The athlete registration fee is \$25 and includes lunch. Register by September 2, 2016 and save \$5. Scholarships are available for those in need.



ADULT ATHLETE REGISTRATION FORM

Registration Deadline: September 16, 2016

Last Name:							Fi	rst Na	ame:												
Address:						_ City	/:				St	ate:		Zip:							
Home Phone:																					
Email Address:																					
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Date of Birth		_ A	ge		Male			J Fem	ale												
Team Name (if app	licable):											Inde	penden	t 🗌							
Coach Name:						C	oach p	hone:													
T-Shirt size: [M		L 🗌	XL		XL		Child:		М										
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(For track event	,																				
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Shotput																					
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Javelin																					
Bean Bag Toss																					
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Precision Toss High Toss Club																					

 TABLE TENNIS
 (TT1 – TT13)
 SLALOM

Registration Deadline: Sept. 16, 2016



JUNIOR ATHLETE REGISTRATION FORM "A" (CLASSES 11-13, 20, 40-58)

Last Name:	First Name:		
Address:	City:	State: Zip Code:	
Home Phone:	Cell Phone:		
Email Address:			
Date of Birth Age:	Male Female		
Division: U7(Age under 7) U16(Ages 14-15)	☐ U11 (Ages 7 – 10) ☐ U18 (Ages 16-17)	☐ U14 (Ages 11 −13) ☐ U20 (Ages 18-19)	U23 (Ages 20-22)
Team Name (if applicable):		Independent	
Coach Name:	Coach phone:		
T-Shirt size: \Box S \Box M \Box L	XL XXL Child:	□ M	
Are you using a power chair? Yes No] (For track events, power cha	urs can enter the 60 and 100 m	eter races only)

A. TRACK/FIELD EVENTS: Indicate your choice by checking those events you are eligible to compete in (those events *not* shaded). Choose up to three field events.

Track Events	Classes 11,12,13							Class 20								Class 40						Classes 41-42							Classes 43-44						
Class/Age Div	U7	U11	U14	U16	U 18	U20	U23	U7	U11	U14	U16	U18	U20	U23	U7	U11	U14	U 16	U18	U20	U23	U7	U11	U14	U16	U 18	U20	U23	U7	U11	U14	U16	U18	U20	U23
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Shotput																																			
Discus																				1	1					1		1							
Javelin																																			
Club																																			
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Club	_		_																										1						
Softball Throw																													1						

 TABLE TENNIS [] (TT1 – TT13) _____ SLALOM []

 Registration Deadline: Sept. 16, 2016



JUNIOR ATHLETE REGISTRATION FORM "B" (CLASSES 31-38 ONLY)

Last	Na	me:						First Name:																										
Add	ress	s: _							City: State:										te:Zip Code:															
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For questions on the registration forms, please contact Ralph Armento, Meet Director, at ralph461@msn.com or (732) 266-2634.



EVERY ATHLETE MUST COMPLETE & RETURN THIS FORM ALONG WITH THEIR REGISTRATION & PAYMENT by 9/16/2016. <u>Note:</u> You will not be able to participate unless this release is signed.

RELEASE OF LIABILITY (required for athletes)

In consideration of acceptance of this entry form, I/we hereby for ourselves, our heirs, administrators and assigns, waive and release any and all claims against The Burke Rehabilitation Hospital, Adaptive Sports, USA, and the Tri-State Wheelchair & Ambulatory Athletics, for all injuries and/or expenses incurred by me/us at the Burke Wheelchair Games to be held on Saturday, September 24, 2016.

Printed Name of Competitor:	
Signature of Competitor:	Date:
Legal Guardian:	Date:

PHOTO / VIDEO RELEASE

I hereby authorize the Burke Wheelchair Games to take and use photos and/or video of me during the meet for publicity purposes and/or for use in future programs. I understand that these photos and/or video may be included in printed publications and/or posted on Burke's website and social networking sites.

Signature of Competitor:	Date:	
Legal Guardian:	Date:	

******You must return this form with your registration by 9/16/2016

Questions? Call (914) 597-2850 and leave a message. We will return your call as soon as possible. We reserve the right to cancel any event due to lack of participation.

> Burke Wheelchair Games Burke Rehabilitation Hospital 785 Mamaroneck Avenue White Plains, New York 10605

**Registration Deadline 9/16/2016