



**Registration Deadline: 17 November**  
**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.**

\*\*\*\*\*

**Please print all information on this registration.**

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

<b>Event Name:</b>	<b>Adaptive Sports Camp</b>
<b>Event Location:</b>	<b>NBVC Pt. Hueneme, CA</b>
<b>Event Dates:</b>	<b>15-22 January 2024</b>

***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, Rowing , Shooting, Track, Sitting Volleyball, Wheelchair Basketball, Wheelchair Rugby

***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:	

<b>Categories (Select all that apply):</b>			
Amputee	PTSD	Illness:	Spinal Cord Injury
Traumatic Brain Injury	Visual Impairment	Mental Health	Other:
<b>Special Accommodations (Select all that apply):</b>			
ADA Room Required	ADA Vehicle Transport	NMA Required	Service Animal Required

***\*NWW Headquarters Use ONLY\****

<b>TWMS Case Number:</b>	_____		
<b>Registration Status</b>			
<b>Date Received at HQ:</b>	<b>HQs Decision and Date:</b>	<b>Date RSM notified:</b>	<b>Date documented in TWMS:</b>
_____	_____	_____	
<b>Comments:</b>			