



Adaptive Reconditioning Application



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

Yes. Please continue completing the application.

No. **STOP**, do not complete this application. 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 application.

Personal Information

Name:		Gender:	DOB (DDMMYY):
Current Address:			
City:		State:	Zip:
Hometown City:		Hometown State:	
Phone Number:		Email Address:	

Military Information

Branch of Service (N/CG):	Active or Reserve:	Retired (TDRL/PDRL/Other):
Rank:	Rating:	Designator:

Emergency Contact Information

Name:		Relationship:	
Address:			
City:		State:	Zip:
Phone Number:		Email Address:	

NWW Headquarters Use ONLY

TWMS Case Number:			
Application Status			
Date Received at HQ:	HQs Decision and Date:	Date RSM notified:	
		Date documented in TWMS:	
Comments/Reason:			

Tell us why you want to participate in adaptive reconditioning activities.

Tell us what type of adaptive reconditioning goals you have.

Please circle all areas of interest.

Warrior Games Sports						
Archery	Cycling	Track & Field	Shooting	Sitting Volleyball	Swimming	Wheelchair Basketball
Recreation						
Art		Equestrian		Music		Scuba Diving
Baseball/Softball		Fencing		Orienteering		Shuffleboard
Bowling		Fishing		Photography		Sled Hockey
Camping		Goalball		Powerlifting		Soccer
Canoe/Kayaking/Paddle Board		Golf		Rock Climbing		Power Soccer
Cooking		Hiking		Rowing		Surfing
Creative Writing Journaling		Hunting		Wheelchair Rugby		Woodworking
Curling		Lacrosse		Tennis/ Wheelchair Tennis		Yoga
Drama		Martial Arts		Sailing		

Other:
