



**The Rehabilitation Institute of Chicago  
Wounded Heroes Foundation  
Summer Military Sports Camp  
August 9-13, 2012**

*Online applications are strongly preferred. If able, please go to [www.ricsports.org/military](http://www.ricsports.org/military) to apply.*

**Service Personnel Information**

Name:	Date of Birth:	Gender: M F
Address:		
City:	State:	ZIP Code:
Mobile phone number:	Home phone number:	
Email:		
T-shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL		
Branch: <input type="checkbox"/> Army <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Air Force <input type="checkbox"/> Coast Guard	Dates of Service and rank:	
VA Affiliation:	Active Duty Affiliation/ WTU:	
Have you participated in other trips for injured military? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many? _____		

**Health Information**

Disability:  Stroke  Blind/ Visually Impaired  Traumatic Brain Injury  Amputee  
 Spinal Cord Injury  Other(describe)

Disability-please describe: \_\_\_\_\_  
\_\_\_\_\_

Cause: \_\_\_\_\_ Date of Onset: \_\_\_\_\_

Additional medical conditions (seizures, diabetes, high blood pressure etc.) \_\_\_\_\_  
\_\_\_\_\_

Assistive devices:  Manual Wheelchair  Power Wheelchair  Cane/Crutches/Walker  Prosthesis  
 Other- please describe: \_\_\_\_\_

Do you require:  Wheelchair accessible hotel room  Shower Bench  Roll in shower(no tub)

**Sport Interests (check all that apply)**

<input type="checkbox"/> Archery	<input type="checkbox"/> Biathlon	<input type="checkbox"/> Cycling	<input type="checkbox"/> Field	<input type="checkbox"/> Fitness
<input type="checkbox"/> Judo	<input type="checkbox"/> Kayaking	<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Rowing	<input type="checkbox"/> Quad Rugby
<input type="checkbox"/> Sailing	<input type="checkbox"/> Sit Volleyball	<input type="checkbox"/> Sled Hockey	<input type="checkbox"/> Swimming	<input type="checkbox"/> Table Tennis
<input type="checkbox"/> Table Tennis	<input type="checkbox"/> Tennis	<input type="checkbox"/> Track	<input type="checkbox"/> Wheelchair Basketball	

Other (please describe): \_\_\_\_\_

Do you currently participate in any sport and recreation(please describe): \_\_\_\_\_

**Thank you for your application to the Rehabilitation Institute of Chicago Sports Program and Wounded Heroes Foundation 2012 Summer Military Sports Camp Please note that due to limited space availability, submission of an application does not guarantee acceptance to participate in camp. Your application will be reviewed and you will be contacted with further details.**

**Application Deadline: June 15, 2012  
Participation Notification: July 1, 2012**

You can submit your application to:  
Rehabilitation Institute of Chicago  
Sports Program  
Diana Helt, CTRS– Military Program Coordinator  
710 N Lakeshore Drive 3rd Floor  
Chicago, IL 60611  
312-238-5010 (phone)  
312-238-5017 (fax)  
[dhelt@ric.org](mailto:dhelt@ric.org)  
[www.ricsports.org/military](http://www.ricsports.org/military)

*This year, the Rehabilitation Institute of Chicago Sports Program and Wounded Heroes Foundation 2012 US Paralympic Military Sports Camp is offered in conjunction with the World Sport Chicago Valor Games, a competition specifically for injured military personnel. Athletes that are selected to attend camp can also stay in Chicago from August 13-15th, 2012 and participate in swimming, field, power lifting, archery and other competitive sports. Would you like more information on the Valor Games (a separate registration is required)? For more information contact Susan Katz at [skatz@worldsportchicago.org](mailto:skatz@worldsportchicago.org)*

I would like more information:  YES  NO

