



Department of Veterans Affairs

NATIONAL VETERANS GOLDEN AGE GAMES

NON-ATHLETE REGISTRATION CHECKLIST

RESPONDENT BURDEN: The Paperwork Reduction Act of 1995 requires us to notify you that this information collection is in accordance with the clearance requirements of Section 3507 of the Paperwork Reduction Act of 1995. We may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who must complete this application will average 20 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the forms.

REGISTRATION DEADLINE IS MARCH 1, 2013

NON-ATHLETE FORMS

- NON-ATHLETE APPLICATION (*VA Form 0926h*)
- VOLUNTEER/STAFF SUPPORT FORM (*VA Form 0926j*)

PLEASE RETURN COMPLETED PACKETS TO:

Registration Committee
2013 National Veterans Golden Age Games
VA Western New York Healthcare System
3495 Bailey Avenue
Buffalo, NY 14215



Department of Veterans Affairs

NON-ATHLETE APPLICATION

2013 NATIONAL VETERANS GOLDEN AGE GAMES

PRIVACY ACT: VA is asking you to provide the information on this form under USC, Chapter 5, Section 521 and Chapter 17, Section 1710. VA may disclose the information that you put on this form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act systems of records notices identified as 121VA19 "National Patient Databases - VA". Providing the requested information is voluntary. However, you will not be able to participate in the event without furnishing this information.

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| | | | |
|---|------------------|---|-------------------|
| NAME (Last, First, MI) | | DAYTIME TELEPHONE NUMBER (Include area code) | CELL PHONE NUMBER |
| ADDRESS (Street, City, State, Zip Code) | | E-MAIL ADDRESS | |
| | | IF REPRESENTING A VA MEDICAL CENTER, WHICH ONE? | |
| PLEASE CHECK ONLY ONE <input type="checkbox"/> COACH <input type="checkbox"/> NATIONAL OFFICIAL <input type="checkbox"/> SUPPORT STAFF <input type="checkbox"/> FAMILY/SIGNIFICANT OTHER <input type="checkbox"/> TRAVELING VOLUNTEER | | DO YOU USE AN ASSISTIVE DEVICE? <input type="checkbox"/> MANUAL WHEELCHAIR <input type="checkbox"/> POWER WHEELCHAIR <input type="checkbox"/> SCOOTER <input type="checkbox"/> WALKER | |
| IN CASE OF EMERGENCY, NOTIFY (Name) | TELEPHONE NUMBER | RELATIONSHIP | |
| NEXT OF KIN | TELEPHONE NUMBER | RELATIONSHIP | |

FOR COACHES ONLY, DOES YOUR TEAM HAVE A NAME? (If yes, what is the name of the team)

YES NO _____

PLEASE LIST YOUR TEAM MEMBERS

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Release of Picture/Information: I voluntarily and without compensation authorize photograph(s), video(s), and voice recording(s) to be made of me by or on behalf of the Department of Veterans Affairs (VA), the Veterans Canteen Service (VCS), US military publications, community media outlets, etc., while I am attending the 27th National Veterans Golden Age Games. I authorize any or all of the above to publicize and/or display such photographs and recordings, or to provide such photographs and recordings to others of their choosing for display, without notice or payment of any royalty, fee, or other compensation of any character to me for the use of my picture and/or voice. I understand that the said picture(s) and/or voice recording(s) are intended to publicize and give recognition to the National Veterans Golden Age Games. Also, I authorize storage of my registration and event data in the electronic media.

SIGNATURE

DATE