

**2017 U.S. Women’s Wheelchair Basketball Team**

The NWBA is accepting applications for the 2017 U.S. Women’s Wheelchair Basketball Team. This team will consist of 12 athletes that will travel to Columbia, in July or August, to participate in the America’s Zonal Qualifier.

All athletes interested in trying out for the U.S. Women’s National Team must attend team tryouts **January 22-26, 2017, in Colorado Springs, Colorado**. Players are responsible for their own transportation to and from (air or driving) to the Olympic Training Center in Colorado Springs. Housing, meals and ground transportation once in Colorado Springs will be provided by the NWBA. **To be eligible for the 2017 U.S. Women’s National Team you must be a U.S. Citizen** and must be able to have a United States Passport no later than January 26, 2017.

The player must be willing and able to up to five (5) mandatory training camps and a competition during the winter and spring of 2017 and the IWBF America’s Zone Qualifier in July or August of 2017.

**All interested players must fill out the attached application and submit to Brandon McBeain at** [**BrandonMcBeain@nwba.org**](mailto:BrandonMcBeain@nwba.org) **by December 19, 2016**, for consideration. Submitting your application does not guarantee that you will receive an invitation to the tryout camp.

**About U.S. U23 Men’s Wheelchair Basketball Team**

The U.S. Women’s National Team regained its position atop the podium by winning the 2016 Paralympic Games gold medal, its third in the last four Paralympics. The Women’s team is considered by many the top country to contend with on an annual basis. The NWBA is now building towards the Tokyo 2020 Paralympic Games, and the 2017 U.S. Women’s National Team is the first step to maintaining our position.

** NWBA High Performance**

**Player Application**

***Please print or type legibly***

**Player Information**

Legal First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M \_\_ F \_\_

Preferred Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth \_\_/\_\_/\_\_ last four digits of your SS# \_\_\_\_\_ U.S. Citizen? Yes \_\_ No \_\_\_

U.S. Passport? Yes \_\_ No \_\_\_ Passport # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name as it appears on Passport \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passport Issue Date: Passport Expiration:

**Parent/Guardian Contact Information**

Parent/Guardian First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parent/Guardian Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_ Mobile (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_

Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Player Profile Information**

Place of Birth (City/State) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hometown (City/State) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Club \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City of Current Club \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Club Coaches Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club Coaches Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Disability \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Playing Position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height \_\_\_\_\_\_ Weight \_\_\_\_\_ Do you have an IWBF Classification Card? \_\_\_\_

Do you use an everyday wheelchair? \_\_\_\_\_\_ Jersey Number Preference 1. \_\_\_ 2. \_\_\_ 3. \_\_\_\_

What is your wheelchair tire size? \_\_\_\_\_\_\_\_

Playing position \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height \_\_\_\_ Arm Span \_\_\_\_\_ Weight \_\_\_\_\_

List All Basketball Honors/Awards \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Player Profile Information Continued**

List Any Personal Information**. *(****Include: Parents, siblings, spouse, children, elite-level athlete relatives, postgraduate degrees, hobbies**Notes: Use full names for parents and spouses (current married name), but just first names for siblings and children. List any relatives who have competed in a sport at the professional or national-team level (not collegiate). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Social Media. *(Include any social media fan pages or pages that are open to the public). \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**Player Flight Information**

Name as it appears on State ID or Driver’s License \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you need an aisle chair when boarding? \_\_\_\_

Do you prefer: Aisle Seat \_\_\_ Window Seat \_\_\_ No Preference \_\_\_

Please list any frequent flyer mile numbers you have (i.e. United Sky Miles) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Airport? \_\_\_\_\_\_\_\_\_\_\_\_ (If airport is not a major airport please list secondary airport and distance from home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medications/Dietary Needs**

Please list **ALL** medications you regularly take. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any special dietary needs. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Please list any medical concerns we should be aware of? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Player Sizing Information**

**\*\*\*All Women’s players please fill out both sections\*\*\***

**Men’s Cut**

Jersey \_\_\_ Shorts \_\_\_ Shooting Shirt \_\_\_ Shoe \_\_\_\_ Hat Size \_\_\_

T-Shirt \_\_\_ Polo Shirt \_\_\_ Warm Up Jacket \_\_\_ Warm Up Pant \_\_\_

Sweatshirt \_\_\_ Sweatpants \_\_\_

**Women’s Cut**

Jersey \_\_\_ Shorts \_\_\_ Shooting Shirt \_\_\_ Shoe \_\_\_\_ Hat Size \_\_\_

T-Shirt \_\_\_ Polo Shirt \_\_\_ Warm Up Jacket \_\_\_ Warm Up Pant \_\_\_

Sweatshirt \_\_\_ Sweatpants \_\_\_ Sports Bra \_\_\_ (i.e. Small, Medium)

**Emergency Contact**

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_\_

Secondary Phone Number (\_\_\_\_) \_\_\_\_- \_\_\_\_\_\_

First Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to you \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_-\_\_\_\_\_\_\_

Secondary Phone Number (\_\_\_\_) \_\_\_\_- \_\_\_\_\_\_

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, understand this is an application for consideration for any upcoming trials for NWBA international competition. I understand that if selected, I will be participating in training, events, activities and travel associated with these tryouts sponsored by the NWBA. I approve of the leaders who will be in charge of this program. I agree that the NWBA may use my likeness for publicity and promotional purposes on NWBA printed and electronic platforms, including but not limited to websites, social networks, publications, applications, etc. I recognize that the leaders are serving to the best of their ability. I certify that I have full medical insurance with the company listed below. I also certify to the best of my knowledge that I am physically fit to engage in the activities of wheelchair basketball.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Guardian (if under 18 years of age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_

Primary Insurance Co.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Group/Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_