



Friendship. Support. Camaraderie.

Community Participants

DATE: ___/___/___

Name: _____
Last First

DATE OF BIRTH: ___/___/___

BRANCH OF SERVICE: ARMY NAVY AIRFORCE MARINES COAST GUARD

DATES OF SERVICE: ___/___/___ FROM ___/___/___ TO

ARE YOU A COMBAT VETERAN? YES NO IF YES, WHICH WAR/CONFLICT _____

ADDRESS: _____

City: _____ State: _____ Zip Code: _____

Primary Phone #: _____ Home Cell

Secondary Phone #: _____ Home Cell

Email Address: _____

Race/Ethnicity: _____

What time is best for you to attend a CompeerCORPS event? (Please circle) **Weekday / Evening / Weekend**

Are you willing to have your photo taken while participating in the program? YES NO

Do any of the following pertain to you: PTSD TBI MST

Are you interested in participating any Adaptive Sporting activities:

- | | | | |
|--------------------------------------|----------------------------------|--|--|
| <input type="checkbox"/> Snow sport | <input type="checkbox"/> Archery | <input type="checkbox"/> Fly fishing | <input type="checkbox"/> Horsemanship |
| <input type="checkbox"/> Ice skating | <input type="checkbox"/> Sailing | <input type="checkbox"/> Indoor Climbing | <input type="checkbox"/> Kayaking/biking |

General Rules and Guidelines for CompeerCORPS

Activities and Events

Participation in all CompeerCORPS/Dwyer programs is contingent upon your willingness to adhere to the following rules, guidelines, and procedures.

- Respect all staff and other participants that are present at any event/activity
- Avoid put-downs and sarcastic/demeaning language
- Alcohol and recreational drugs are strictly prohibited, as well as attending events under the influence
- If you require special attention due to an illness or medical condition you will need to have a caretaker present at the event/activity with you
- Be on time to the event/activity or call if you are running late
- RSVPs are required to let us know that you will be coming to an event/activity
- Remain positive
- Bring all complaints and issues with other participants to CompeerCORPS staff

I have read and agree to all the rules, regulations and procedures outlined above.

Name

Date

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