

Warriors Unleashed Adaptive Ninja Registration Form



Athlete Information

First Name: _____

Last Name: _____

Age: _____

Mailing Address: _____

Email Address: _____

Phone: _____

Home Gym (if applicable): _____

Ninja Coach (if applicable): _____

Been training for (length of time): _____

Favorite Obstacle: _____

Biggest Struggle: _____

Requires/Desires a course aide? _____

If yes, please list who is allowed to aide your athlete on the course: *Please note - Aides and specific athlete assistance are only allowed on Course Levels 1 and 2, and for specific situations for Level 3. All course aides must complete a participant waiver.*

Approved Course Aides: _____

Uses a wheelchair? _____

Note: Athletes must be able to leave their wheelchair for participation in the competition.

As this competition is designed for those with unique needs, we do anticipate the presence of one or more service animals at the competition. Please fill out the following so we can best accommodate ALL the athletes at our competition.

Has a service animal? _____

If yes, please provide further information (type, breed, age, etc.): _____

Fearful of or allergic to animals? _____

If yes, please provide further information (type, response, etc.): _____

Emergency Contact:

Name:

Relation to Athlete:

Phone:

Any additional information that we need to know to help best serve your athlete (touch aversion, hard of hearing, balance issues, specific fears, etc)? *Please note: this information will be kept confidential and will in no way impact your athlete's ability to run or score on the course. It is simply to help provide the best possible competition experience for your athlete.*