



Burke Wheelchair Games 9/21/19

Dear Athlete:

The 2019 Wheelchair Games are scheduled for Saturday, September 21st.

***Enclosed is your informational packet, including a registration form.
We hope to see you at this fun and exciting invitational meet.***

The Wheelchair Games competitive categories include a separate Junior Division, Adult and separate Masters levels at age 35 and older, age 50 and older, and the senior Masters division at age 60 and over. Beginning at 9:00 a.m. there will be field, table tennis, a slalom (obstacle) course and, a free throw basketball competition. Track events start at 1:30 p.m.

Morning event winners will be awarded during lunchtime, track event winners will be awarded after all track races have been completed.

As noted on the registration form, entries received by September 4th are entitled to a \$5 discount on the regular registration fee of \$25. Your registration fee includes an event t-shirt, lunch and a goodie bag.

In addition to the athletic events, Burke's Wheelchair Games features lots of fun for families too! There will be musical entertainment all day as well as silent auctions and chance raffles.

This year, we are adding the precision toss and high toss field events. These events are open to the following classes: F31, F32, and F51. We encourage athletes to sign up for these events (including the bean bag toss) rather than the traditional shot put, discus and javelin.

Please call (914) 597-2850 if you have any questions about the Games. If you have questions about classification and/or the athletic events, please contact Ralph Armento, meet director, at ralph461@msn.com or at (732) 266-2634

We look forward to seeing you on September 21st.

Sincerely,

Burke Wheelchair Games Committee

enclosures

Burke Wheelchair Games

9/21/19

INSTRUCTIONS FOR COMPLETING THE REGISTRATION FORM

1. Please note that there are *four* registration forms for:
 - Adult and Master Athletes (ages 23 and up) ALL CLASSES
 - Junior Athletes in classes 11-13, 20, 40, 41-46 (amputees) and 51-58 (wheelchair classes) This is JUNIOR FORM A.
 - Junior Athletes in classes 31-38 only (athletes with CP) THIS IS JUNIOR FORM B.
 - Basketball Free Throw – **this event runs from 11:00 AM until 12:00 so you might not get to participate in all field events. Please keep this in mind as you complete the registration forms.**
2. In addition to the registration form, you must complete, sign and submit the Release of Liability and Permission to Photograph/Video Section.
3. There is a maximum of three field events allowed for each athlete.
4. With regard to track events, individuals in power chairs are limited to the 60 and 100 meter races. In addition, power chairs can be used only by T31 and T51 classes.
5. The appropriate registration form, fees and release of liability **must be postmarked no later than September 13, 2019** and sent to the following:

**Burke Wheelchair Games
Burke Rehabilitation Hospital
785 Mamaroneck Avenue
White Plains, NY 10605**

6. For questions on the registration form or events, please contact Ralph Armento, Meet Director, at ralph461@msn.com or (732) 266-2634.
7. If you have any other questions, please call (914) 597-2850 and leave a message. We will return your call as soon as possible.
8. If you live in Westchester County you may apply for transportation through the Westchester County Office for the Disabled. Contact them directly at:
Westchester County Office for the Disabled
Attn.: ParaTransit
148 Martine Avenue, Room 102
White Plains, NY 10601
Tel: (914) 995-2960
9. We reserve the right to cancel any event due to lack of participation.
10. The athlete registration fee is \$25 and includes lunch. Register by October 30, 2019 and save \$5. Scholarships are available for those in need.

ADULT ATHLETE REGISTRATION FORM

****Registration Deadline: September 13, 2019****

Last Name: _____ First Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Work Phone: _____
 Email Address: _____
 Date of Birth _____ Age _____ Male Female
 Team Name (if applicable): _____ Independent
 Coach Name: _____ Coach phone: _____
 T-Shirt size: S M L XL XXL Child: M

Classification: Track Classification _____ Field Classification F11-F58 _____
 Table Tennis Classification TT1-TT13 _____ Do you use a power chair? yes no

Class	11-13	20	31	32	33	34	35a	36	37	38	40-41	42	43-47	51-54	61	62	63	64
60 Meter Weave														F51				
60 meter(PW only)														F51				
100 Meter																		
200 Meter																		
400 Meter																		
800 Meter																		
1500 Meter																		

Field Events													
Class	11-13	20	31	32	33-34	35-38	40-41	42-46	47	51	52-57	61-64	
Club Throw													
High Toss													
Precision													
Shotput													
Discus													
Javelin													

ENTER AS MANY TRACK EVENTS AS YOU ARE ALLOWED TO COMPETE IN. THE FIELD EVENTS, HOWEVER, ARE LIMITED TO THREE (3) PER ATHLETE

*(For track events, Power Chairs may enter the 60 and 100 meter races **only**)*

PLEASE CHECK THE ADDITIONAL EVENTS YOU WOULD LIKE TO ENTER

TABLE TENNIS (TT1 – TT13) _____ SLALOM

JUNIOR ATHLETE REGISTRATION FORM "B" (CLASSES 31-38 ONLY)

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Date of Birth _____ Age: _____ Male Female _____

Team Name (if applicable): _____ Independent

Coach Name: _____ Coach phone: _____

T-Shirt size: S M L XL XXL Child: M

Are you using a power chair? Yes No (For track events, power chairs can enter the 60 and 100 meter races only)

TRACK/FIELD EVENTS: Indicate your choice by checking those events you are eligible to compete in (those events *not* shaded). Choose up to three field events.

Track Events - Classes 31-38, TRR1-2

Class	Class 31						Class 32						Class 33						Class 34						Class 35a					
	U11	U14	U16	U18	U20	U23	U11	U14	U16	U18	U20	U23	U11	U14	U16	U18	U20	U23	U11	U14	U16	U18	U20	U23	U11	U14	U16	U18	U20	U23
20 Meter Dash																														
60 Meter Dash																														
60 Meter Weave																														
100 Meter																														
200 Meter																														
400 Meter																														
800 Meter																														
1500 Meter																														
Class	Class 35						Class 36						Class 37						Class 38						Class TRR1-2					
Age Division	U11	U14	U16	U18	U20	U23	U11	U14	U16	U18	U20	U23	U11	U14	U16	U18	U20	U23	U11	U14	U16	U18	U20	U23	U11	U14	U16	U18	U20	U23
20 Meter Dash																														
60 Meter Dash																														
100 Meter																														
200 Meter																														
400 Meter																														
800 Meter																														
1500 Meter																														

Field Events - Classes 31-38

Class	Class 31						Class 32						Class 33						Class 34						Class 35a					
	U11	U14	U16	U18	U20	U23	U11	U14	U16	U18	U20	U23	U11	U14	U16	U18	U20	U23	U11	U14	U16	U18	U20	U23	U11	U14	U16	U18	U20	U23
Club Throw																														
High Toss																														
Precision																														
Shotput																														
Discus																														
Javelin																														
Class	Class 35						Class 36						Class 37						Class 38											
Age Division	U11	U14	U16	U18	U20	U23	U11	U14	U16	U18	U20	U23	U11	U14	U16	U18	U20	U23	U11	U14	U16	U18	U20	U23						
Shotput																														
Discus																														
Javelin																														

PLEASE CHECK THE ADDITIONAL EVENTS YOU WOULD LIKE TO ENTER

TABLE TENNIS (TT1 - TT13) _____ SLALOM

For questions on the registration forms, please contact Ralph Armento at ralph461@msn.com or (732) 266-2634.

Basketball Free Throw Competition
JUNIOR ATHLETE REGISTRATION
Age 23 and under

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Date of Birth _____ Age: _____ Male Female _____

Team Name (if applicable): _____ Independent

Coach Name: _____ Coach phone: _____

T-Shirt size: S M L XL XXL Child: M

(check as many as you would like to participate in) – 3 shots each

- 2-foot basket height

- 4-foot basket height

- 8-foot basket height

Basketball Free Throw Competition
ADULT ATHLETE REGISTRATION
Age 24 and older

Last Name: _____ First Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email Address: _____

Date of Birth _____ Age: _____ Male Female _____

Team Name (if applicable): _____ Independent

Coach Name: _____ Coach phone: _____

T-Shirt size: S M L XL XXL Child: M

(check as many as you would like to participate in) – 3 shots each

- 2-foot basket height

- 4-foot basket height

- 8-foot basket height

EVERY ATHLETE MUST COMPLETE & RETURN THIS FORM ALONG WITH THEIR REGISTRATION & PAYMENT by 9/13/2019.

Note: You will not be able to participate unless this release is signed.

RELEASE OF LIABILITY (required for athletes)

In consideration of acceptance of this entry form, I/we hereby for ourselves, our heirs, administrators and assigns, waive and release any and all claims against The Burke Rehabilitation Hospital, Adaptive Sports, USA, and the Tri-State Wheelchair & Ambulatory Athletics, for all injuries and/or expenses incurred by me/us at the Burke Wheelchair Games to be held on Saturday, September 21, 2019.

Printed Name of Competitor: _____

Signature of Competitor: _____ Date: _____

Legal Guardian: _____ Date: _____

PHOTO / VIDEO RELEASE

I hereby authorize the Burke Wheelchair Games to take and use photos and/or video of me during the meet for publicity purposes and/or for use in future programs. I understand that these photos and/or video may be included in printed publications and/or posted on Burke's website and social networking sites.

Printed Name of Competitor: _____

Signature of Competitor: _____ Date: _____

Legal Guardian: _____ Date: _____

****You must return this form with your registration by 9/13/2019****

*Questions? Call (914) 597-2850 and leave a message. We will return your call as soon as possible.
We reserve the right to cancel any event due to lack of participation.*

Burke Wheelchair Games
Burke Rehabilitation Hospital
785 Mamaroneck Avenue
White Plains, New York 10605

****Registration Deadline 9/13/2019****