



AbleGames

Participant Application

AbleGames, August 21st, 2010 from 9:00 – 3:00pm

Application Deadline: Application must be received by June 30, 2010

Please note: As much as we would like to accept all applications, we need to limit the number of participants to 20. Submission of registration and application do not guarantee a spot in the AbleGames competition. You will be notified of acceptance after all applications have been received and reviewed. You will be notified no later than July 24.

Please complete the information below.

Name of Participant _____ Date of Birth _____

Parents or legal guardian(s) _____

Address _____ City _____ Zip _____

Telephone (W) _____ (H) _____

E-mail _____ Alternate E-mail _____

ABOUT ME:

Preferred leisure activities _____

Preferred games (electronic or otherwise) _____

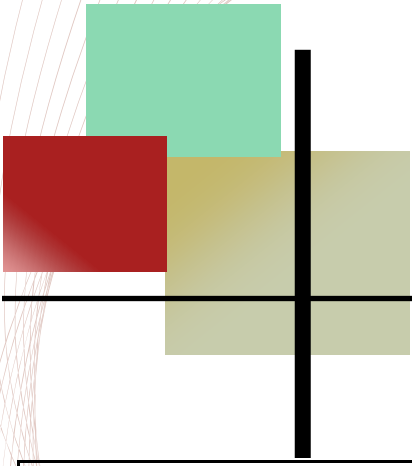
Special equipment or assistive technologies currently being used (please include medical equipment)

What I'm good at _____

Special diet requirements _____

I would be willing to bring my personal assistive technology to participate in AbleGames:
YES / NO Please describe: _____





AbleGames

MY ABILITIES: *Please check all that apply*

<p>Mobility</p> <p><input type="checkbox"/> I walk independently; no problems</p> <p><input type="checkbox"/> I walk with assistance or walker</p> <p><input type="checkbox"/> I use a wheelchair</p> <p><input type="checkbox"/> manual power</p> <p><i>I drive a power wheelchair with:</i></p> <p><input type="checkbox"/> joystick</p> <p><input type="checkbox"/> head movement</p> <p><input type="checkbox"/> other _____</p>	<p>Fine Motor Skills/Use of Hands</p> <p><input type="checkbox"/> I have good hand skills; no problems</p> <p>I can:</p> <p><input type="checkbox"/> Reach for and grasp something</p> <p><input type="checkbox"/> Hold something with 1 hand</p> <p><input type="checkbox"/> Hold something with 2 hands</p> <p><input type="checkbox"/> Push a button</p> <p><input type="checkbox"/> Operate a computer mouse</p> <p><input type="checkbox"/> Operate an adapted computer mouse</p> <p><input type="checkbox"/> Limited or no use of hands</p>
<p>Speech/Communication</p> <p><input type="checkbox"/> My speech is easily understood; no problems</p> <p><input type="checkbox"/> My speech is difficult to understand</p> <p><input type="checkbox"/> I'm unable to speak functionally/non-verbal</p> <p><input type="checkbox"/> I use a communication device</p>	<p>Hearing</p> <p><input type="checkbox"/> My hearing is normal</p> <p><input type="checkbox"/> I have limited hearing ability</p> <p><input type="checkbox"/> I am unable to hear/deaf</p> <p><input type="checkbox"/> I use sign language and need an interpreter</p>
<p>Vision</p> <p><input type="checkbox"/> My vision is normal</p> <p><input type="checkbox"/> I wear glasses</p> <p><input type="checkbox"/> I am visually impaired or legally blind</p> <p><input type="checkbox"/> I am unable to see at all, i.e., blind</p>	<p>Learning/Cognition</p> <p><input type="checkbox"/> My cognition is normal; no cognitive concerns</p> <p><input type="checkbox"/> I have some impairment</p> <p><i>I have difficulty with:</i></p> <p><input type="checkbox"/> Reading Writing Math</p> <p><input type="checkbox"/> Listening</p> <p><input type="checkbox"/> Remembering/Memory</p> <p><input type="checkbox"/> Paying attention</p> <p><input type="checkbox"/> Other _____</p>

PLEASE RETURN BY JUNE 30 TO:
Assistive Technology Partners
ATTN: AbleGames
601 E. 18th Ave, Suite 130
Denver, CO 80203

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