Rider Athlete Application

Fill out this form completely, scan and email to info@teamhoytdenver.com

Personal Information

Name: _____

Address: _____
Street

_____
City, State Zip Code

Phone: _____

Email: _____

Gender: M / F

Birth date: ____/____/_____

Height: _____ Weight: _____
(This information is required for equipment restrictions)

Occupation: _____

Shirt Size: Youth / Adult XS S M L XL
(circle)

Parent/Guardian Name: _____

Parent/Guardian Cell number _____

Parent/Guardian Email: _____

Primary contact for communications from Team Hoyt Denver should go to

___ Rider Athlete ___ Parent/Guardian ___ Both

Medical and Disability History Questionnaire (Optional)

This section is completely optional. This is solely to help us better understand your disability and how we can best accommodate you while racing. You are under no obligation to share any of this information and anything you share will be kept confidential.

1. Describe your primary diagnosis/injury that resulted in your disability

   _____

   _____

   _____

2. How long have you had your disability _____
3. Describe your level of mobility

   _____

   _____

4. Describe your needs for transfer into/out of the racing wheelchair (ie. Minimum assist, moderate assist, maximum assist)

   _____

   _____

5. Do you have a history of seizures? ___ Yes ___ No

   If Yes, please describe such as can you tell when a seizure is coming, how long do they last, is there anything that can be done to help you through the seizure?

   _____

   _____

   _____

6. Are you continent? ___ Yes ___ No

   If No, do you require any special accommodation during the race.

   _____

   _____

7. Do you require any special feeding or hydration during the race ___ Yes ____ No

   If Yes, please explain (how often do you need to eat or drink and how much):

   _____

   _____

8. Are there any other medical or physical issues that we should be aware of?

   _____

   _____