



Adaptive Sports & Recreation
Interest Sheet

Please print clearly:

Today's Date: _____

First Name _____

Last Name _____

Company _____

Address _____

City _____

State _____

Zip Code _____

Mobile Phone _____

Home Phone _____

Work Phone _____

Email Address _____

_____ @ _____

Disability _____

Date of Birth _____

Veteran: (Please circle) Yes No

Branch/Rank _____

Please do not add me to your email newsletter list (information on our upcoming programs).

Please mail or email this form to:

Sports Association
Gaylord Hospital
50 Gaylord Farm Road
Wallingford, CT 06492
Sports@Gaylord.org
Phone: 203-284-2772, Fax: 203-284-2813

I am interested as a:

- Athlete
- Volunteer

I am interested in:

- Archery
- Boccia
- Wheelchair Curling
- Cycling
- Fishing
- Golf
- Kayaking
- Wheelchair Rugby
- Rock Climbing
- Skiing, Downhill
- Sled Hockey
- Wheelchair Tennis
- Triathlon
- Water Skiing
- Yoga

Other Sports of Interest:

- Indoor Cycle Training
- Seated Fencing
- Fitness/Strength Classes
- Horseback Riding
- Road Racing/Running
- Rowing
- Sailing
- SCUBA Diving
- Cross Country Skiing
- Swimming
- Target Shooting
- Wheelchair Basketball
- Other: _____