



Burke Wheelchair Games September 27, 2008

Sponsored by The Burke Rehabilitation Hospital

Co-Sponsored by the Tri-State Wheelchair Athletic Association

and The National Disabled Sports Alliance

Saturday, September 27, 2008

REGISTRATION: **Deadline to register is September 19, 2008.** There is no on-site registration. Please note the tentative schedule of events and plan accordingly. An individual may not be able to compete in all venues. Complete only one application form. Please note the following regarding the sports administration:

- **Track Events:** Power chairs will be allowed to compete in the 60 and 100 meter distances **only**.
- **Field Events:** You may sign up for a maximum of three field events. Each athlete will take a maximum of one practice throw, and three throws that “count.”
- **Table Tennis:** Events, especially class singles, will be run dependent upon the number of people available. It is expected that the events will run into the afternoon.

CLASSIFICATION: In order to compete in these games, you must be classified in each sport you wish to compete in. Your classification should appear on your WSUSA or NDSA Identification Card. ***If you are not classified, you will be sent to classification prior to completing check-in.*** Please plan to arrive early, as classification **must end** before 11:00 a.m.

FEES: The registration fee is \$25. If registration is postmarked prior to September 1, 2008 there is a \$5 discount (\$20).

Make checks payable to "Burke Rehabilitation Hospital"

Time	Event	Location
8:00 a.m. to 11:30 a.m. <i>(Classification to 11:00 a.m.)</i>	Classification & Sign-In	Reception Table
8:30 a.m.	Opening Ceremonies	Track
9:00 a.m. to noon	Field Events	Quadrangle
9:00 a.m. to noon	Slalom Course	Research Parking Lot
10:00 a.m. to noon 1:00 p.m. to 3:00 p.m.	Table Tennis	Sports Center
1:00 p.m. to 4:30 p.m.	Track Events	Track
4:30 p.m. to 5:00 p.m.	Awards Ceremony	Track

****Athletes keep this page****

REGISTRATION DEADLINE SEPTEMBER 19, 2008



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Directions to The Burke Rehabilitation Hospital

From the George Washington Bridge: Take either the Henry Hudson Parkway north or I-95 north. Take the Henry Hudson Parkway north to the Cross County Parkway east to the Hutchinson River Parkway north. Exit at 23N onto Mamaroneck Ave and continue for five traffic lights to Heatherbloom Road. Turn right and Burke's entrance is on your immediate left. (If you pass Bryant Avenue you have gone too far.)

Take I-95 north to the Hutch northbound to exit 23N and follow Mamaroneck Ave. as directed above. Or continue past the Hutch on I-95 to exit 18B (3rd exit after toll). Stay right off of exit, north on Mamaroneck to Heatherbloom Road and turn right. Burke is on your immediate left. (If you pass Bryant Avenue you have gone too far.)

From NYC: Take the Henry Hudson north, Major Deegan (I-87) north, Bronx River Parkway north, Hutchinson River Pkwy north, or I-95 north.

For Henry Hudson Parkway or I-95: follow as from the George Washington Bridge. For the Major Deegan or Bronx River Parkway, proceed north to the Cross County Parkway east to the Hutch north, to exit 23N. Take Mamaroneck Ave. north for five traffic lights and turn left onto Heatherbloom Road. Burke is on your immediate left. (If you pass Bryant Avenue you have gone too far. For the Hutchinson River Parkway, follow as from L.I. below.

From Long Island: Take the Whitestone Bridge to the Hutchinson River Parkway north to Exit 23 N. Proceed on Mamaroneck Avenue for 5 lights. Turn right. The entrance to Burke is on your immediate left. (If you pass Bryant Avenue you have gone too far.) From northern New Jersey: Garden State Parkway to NY Thruway to Tappan Zee Bridge. Follow directions below from Rockland.

From The Bronx: Take the Hutchinson River Parkway to Exit 23 North. Turn right. Proceed on Mamaroneck Avenue for five traffic lights. Make a right; the entrance to Burke is on the left. (If you pass Bryant Avenue you have gone too far.)

From Rockland: Cross the Tappan Zee Bridge on the N.Y.S Thruway to 287 east. Use Exit 9A Westchester Ave. Make right at first light, Bryant Avenue. Proceed 4 lights to Mamaroneck Avenue. Make left onto Mamaroneck Ave. First light make left onto Heatherbloom Road. Make your immediate left into Burke.

From East, Connecticut or New England: I-95 south to I-287 west. Exit 9S to the Hutchinson River Parkway south. Use Exit 23 north. Proceed on Mamaroneck Avenue for 5 traffic lights. Make a right, entrance to Burke is on immediate left. Or take Merritt Parkway or I-684 south to Hutchinson River Parkway south. Use Exit 23 north. Continue for five traffic lights to Heatherbloom Road. Turn right and Burke's entrance is on your immediate left. (If you pass Bryant Avenue you have gone too far.)

From North on Route 684: Go south on 684 to the Hutchinson River Parkway. See directions above. You may also go south on 684 exiting at White Plains/Rte. 287 west. Stay on Westchester Avenue to first traffic light. Turn left crossing over bridge (crossing over 287) and left at the light onto Westchester Ave. Make a right at the next light onto Bryant Ave. At the fourth light make a left onto Mamaroneck Ave. Go one block to traffic light at Gedney Way/Heatherbloom Rd. Turn left onto Heatherbloom; The Burke entrance is on the immediate left.

From North on the Taconic: Travel southbound and bear left to enter the Sprain Brook Parkway. Follow signs to Route 287 east. Exit 9A /Westchester Ave. Make right at first light onto Bryant Avenue. Proceed four lights and make left onto Mamaroneck Ave. At first light make left onto Heatherbloom Road and an immediate left into Burke

By Bus: Take the Beeline bus to White Plains Trans-Center. Then take bus number 60/62 to Burke.

By Train from NYC: Take Metro North to the White Plains train station. Then take bus number 60/62 to Burke.

The Burke Rehabilitation Hospital
785 Mamaroneck Avenue
White Plains, New York 10605
914-597-2500

****Athletes keep these directions****



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ATHLETE REGISTRATION FORM

PLEASE PRINT

Last Name: _____ First Name: _____ Pre-Reg. No: _____

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

Home Phone: _____ Work Phone: _____

Email Address: _____ WSUSA ID No.: _____

Date of Birth _____ Age (as of 1/1/2008)*: _____ Male Female

Team Name (if applicable): _____ Independent

Coach Name: _____ Coach phone: _____

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

(FIELD: Enter a maximum of three events.)

TRACK CLASSIFICATION: (T51 – T54) _____ TABLE TENNIS CLASS (TT1-TT8) _____
FIELD (F51 – F59) _____ IF CLASSIFICATION DIFFERS PER EVENT, PLEASE LIST _____

FUTURES DIVISION

- (6 and under)
- CLUB (51)
- SOFTBALL
- TURBO JAVELIN(52-59)
- DISCUS
- 40 METERS
- 60 METERS
- 100 METERS
- 400 METERS
- SLALOM
- TABLE TENNIS

DIVISION A

- (Ages 7 – 9)
- CLUB (51)
- SOFTBALL
- SHOT PUT (52-59)
- DISCUS
- TURBO JAVELIN(52-59)
- 60 METERS
- 100 METERS
- 400 METERS
- SLALOM
- TABLE TENNIS

DIVISION B

- (Ages 10-12)
- CLUB (51)
- SOFTBALL (51)
- DISCUS
- SHOT PUT (52-59)
- JAVELIN (52-59)
- 60 METERS(51,52)
- 100 METERS
- 400 METERS
- 800 METERS
- 1500 METER(53,54)
- SLALOM
- TABLE TENNIS

DIVISION C

- (Ages 13-15)
- CLUB (51)
- SOFTBALL (51)
- SHOT PUT (52-59)
- DISCUS
- JAVELIN (F2-F9)
- 60 METERS (51,52)
- 100 METERS
- 400 METERS
- 800 METERS
- 1500 METERS
- SLALOM
- TABLE TENNIS

DIVISIONS D/E

- (Ages 16-18/19-21)
- CLUB (51)
- SOFTBALL (51)
- SHOT PUT
- DISCUS
- JAVELIN (52-59)
- 60 METERS (51, 52)
- 100 METERS
- 400 METERS
- 800 METERS
- 1500 METERS
- SLALOM
- TABLE TENNIS

ADULT/MASTERS

- (Ages 22-39/40+)
- CLUB (51)
- SOFTBALL (51)
- SHOT PUT
- DISCUS
- JAVELIN (52-59)
- 60 METERS (51, 52)
- 100 METERS
- 400 METERS
- 800 METERS
- 1500 METERS
- SLALOM
- TABLE TENNIS

Athletes return this form with your check.

WCG 2008

The Burke Rehabilitation Hospital

788 Mamaroneck Avenue White Plains, NY 10605

Registration Deadline: Sept. 19, 2008



Burke Wheelchair Games September 27, 2008

NDSA ATHLETE REGISTRATION FORM

Last Name: _____ First Name: _____ Pre-Registration No.: _____

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

Home Phone: _____ Work Phone: _____

Email Address: _____ WSUSA ID No.: _____

Date of Birth _____ Age (as of 2008): _____ Male _____ Female _____

Division: **Future** (Age 6 and under) **A** (Ages 7 – 9) **B** (Ages 10 –12)
 C (Ages 13 – 15) **D** (Ages 16-18) **E** (Ages 19-21)

Team Name (if applicable): _____ Independent

Coach Name: _____ Coach phone: _____

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

A. 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.

Event	Class 1				Class 2U				Class 2L				Class 3				Class 4			
	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D
20 Meter Dash																				
40 Meter Dash																				
60 Meter Dash																				
60 Meter Weave																				
100 Meter																				
200 Meter																				
400 Meter																				
800 Meter																				
1500 Meter																				
High Toss																				
Soft Shot																				
Precision Throw																				
Soft Discus																				
Softball Throw																				
Club Throw																				
Shot Put					2kg	2kg	2kg	2kg						2kg	3kg	3kg	2kg	2kg	3kg	3kg
Discus																				
Javelin																				

Registration Deadline 9/19/08



Burke Wheelchair Games September 27, 2008

NDSA JUNIOR ATHLETE REGISTRATION FORM

Last Name: _____ First Name: _____ Pre-Registration No. _____

Event	Class 5A				Class 5B				Class 6				Class 7				Class 8			
	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D	A	B	C	D
20 Meter Dash																				
40 Meter Dash																				
60 Meter Dash																				
100 Meter																				
200 Meter																				
400 Meter																				
800 Meter																				
1500 Meter																				
Precision Throw																				
Soft Discus																				
Softball Throw																				
Club Throw																				
Shot Put (Male)		2kg	3kg	4kg		2kg	3kg	4kg		2kg	3kg	4kg		3kg	4kg	4kg		3kg	4kg	4kg
Shot Put (Female)		2kg	3kg	3kg		2kg	3kg	3kg		2kg	3kg	3kg		3kg	3kg	3kg		3kg	3kg	3kg
Discus																				
Javelin																				

B. TABLE TENNIS

LIST CLASS (TT1 – TT8) _____

C. SLALOM

Athletes return this form with your check.

**Return to: WCG 2008
The Burke Rehabilitation Hospital
788 Mamaroneck Avenue
White Plains, NY 10605**

Registration Deadline: Sept. 19, 2008



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EVERY ATHLETE MUST COMPLETE AND RETURN THIS FORM ALONG WITH REGISTRATION AND YOUR CHECK by 9/19/08. 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 Burke Rehabilitation Hospital, Wheelchair Sports USA, Tri-State Wheelchair Athletic Association, and National Disabled Sports Alliance, for all injuries and/or expenses incurred by me/us at the Burke Wheelchair Games to be held on Saturday September 27, 2008.

Signature of Competitor: _____ Date: _____

Legal Guardian: _____ Date: _____

PERMISSION TO PHOTOGRAPH

I hereby authorize the Games Committee to take and use photographs of me during the meet for publicity purposes and/or for use in future programs.

Signature of Competitor: _____ Date: _____

Legal Guardian: _____ Date: _____

****Return this form with your registration by the deadline 9/19/08****
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.

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

Registration Deadline: Sept. 19, 2008