



# Virginia Victory Games

P.O. Box 37130  
N Chesterfield, VA 23234  
804-651-6912  
[www.virginiavictorygames.org](http://www.virginiavictorygames.org)

Dear Parent or Guardian:

Thank you for expressing an interest in the 2017 Virginia Victory Games. The Games are scheduled for:

Saturday, March 4, 2017  
Registration 8:15-8:45am Games 9:00am-3:00pm  
Kemper Athletic Center on the campus of  
St. Christopher's School  
711 St. Christopher's Rd.  
Richmond, Va. 23226

The Virginia Victory Games are designed for children with physical, visual and/or hearing impairments and normal intelligence. Since 1981, the Games have been held annually for children ages 6-21 years of age throughout the State of Virginia. We also have an alumni division for athletes over the age of 21 to participate in.

Please find enclosed the Registration Form, Liability and Photo Release, and Medical Form. All forms must be postmarked by February 4, 2017.

Please mail completed forms to:  
Virginia Victory Games  
PO Box 37130  
N Chesterfield, Va. 23234  
or email to: [Karisbrook@aol.com](mailto:Karisbrook@aol.com)  
of Fax to: 804-562-2228

Please email the above person if you have any questions or you may call 804-651-6912.

We would also like to remind you that the Virginia Victory Games are incorporated as "501(c)(3) non-profit organization." We rely on contributions to fund the Games and to continue the tradition of offering participants the opportunity to compete in the Virginia Victory Games at no cost to them. For your donations, please note our tax ID# is 54-1607585. Thank you for your generosity.

We look forward to seeing you at the Games this year!

Sincerely,

Virginia Victory Games Staff



# Virginia Victory Games

P.O. Box 37130

N Chesterfield, VA 23234

804-651-6912

[www.virginiavictorygames.org](http://www.virginiavictorygames.org)

## GENERAL INFORMATION

### TRACK AND FIELD EVENTS:

EVENT	DESCRIPTION	WHO CAN PARTICIPATE
SOFTBALL THROW	This is a distance throwing event using regulation softballs.	<ul style="list-style-type: none"> <li>➤ All Ages</li> <li>➤ All Classifications</li> </ul>
BOWLING	Lanes are ½ distance of regulation lanes with curbed sides. Rubber bowling ball weighs 5 lbs. Ramp available for athletes who need assistance.	<ul style="list-style-type: none"> <li>➤ All Ages</li> <li>➤ All Classifications</li> </ul>
WHEELCHAIR SLALOM	Choose between two courses: <b>BEGINNER:</b> Move forward, around, and between a series of cones for a time. <b>ADVANCED:</b> Move forward and backwards in a variety of tasks including up and down a ramp.	<ul style="list-style-type: none"> <li>➤ All Ages</li> <li>➤ Athletes using a manual or motorized wheelchair</li> </ul>
60 M	Straight sprint race in lanes	<ul style="list-style-type: none"> <li>➤ All Ages</li> <li>➤ All Classifications</li> </ul>
200 M	Medium endurance race 1 ¼ laps around the track	<ul style="list-style-type: none"> <li>➤ All Ages</li> <li>➤ All Classifications</li> </ul>
400 M	A longer endurance race 2 ½ times around the track.	<ul style="list-style-type: none"> <li>➤ All Ages</li> <li>➤ All Classifications</li> <li>➤ Except athletes using motorized wheelchairs</li> </ul>
RELAY RACE	200 meters around the track total, each athlete will race 50 meters	<ul style="list-style-type: none"> <li>➤ All Ages</li> <li>➤ All Classifications</li> </ul>
CORN HOLE TOSS	Three tosses of corn-bags per athlete	<ul style="list-style-type: none"> <li>➤ All Ages</li> <li>➤ All Classifications</li> </ul>

Are you visually impaired? \_\_\_\_\_ If yes, check if needed, and for which events:

\_\_\_\_\_ Tandem runner \_\_\_\_\_  
 \_\_\_\_\_ Guideline \_\_\_\_\_  
 \_\_\_\_\_ Sound devices \_\_\_\_\_  
 \_\_\_\_\_ Other: \_\_\_\_\_, \_\_\_\_\_

Are you Deaf/Hard of Hearing? \_\_\_\_\_ If yes, check if needed, and for which events:

\_\_\_\_\_ sign language interpreter \_\_\_\_\_  
 \_\_\_\_\_ visual signal \_\_\_\_\_  
 \_\_\_\_\_ Other: \_\_\_\_\_



# Virginia Victory Games

P.O. Box 37130  
N Chesterfield, VA 23234  
804-651-6912  
www.virginiavictorygames.org

## REGISTRATION FORM

**Athlete Name:** \_\_\_\_\_ **Birthdate:**    /    /

**Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Telephone:** (    )    -    **Email:** \_\_\_\_\_

How many years have you participated in the Games? \_\_\_\_\_

T-Shirt size for athlete: \_\_\_\_\_

.....  
**EVENTS**

Please check those events in which you plan to participate. Please use the \*racing code below to designate how you are racing in each track event. Also, please refer to the charts provided in general information to determine eligibility for events followed by \*\*. **ATHLETES CAN PARTICIPATE IN A MAXIMUM OF 4 EVENTS.**

\_\_\_\_ Softball Throw

\_\_\_\_ Relay Race

\_\_\_\_ Bowling (check level of assistance needed)

\_\_\_\_ Independent

\_\_\_\_ Ramp Unassisted

\_\_\_\_ Ramp Assisted (help with aiming ramp)

\_\_\_\_ Wheelchair Slalom

\_\_\_\_ Beginner

\_\_\_\_ Advanced

\_\_\_\_ 400 Meter Race

\_\_\_\_ 200 Meter Race

\_\_\_\_ 60 Meter Race

\*\*Racing Codes

**I**-Independent

**A.D.**-Assistive Device (canes, walkers, etc...)

**M.C.**-Manual Wheelchair

**P.C.**-Power Wheelchair

**R.C.**-Racing Wheelchair

***\*\*Participants in racing wheelchairs will not compete against those in standard manual wheelchairs. Those in power chairs will not compete against those in manual chairs. Please indicate the type of chair used on the registration form\*\****

**AWARDS:** Each participant's efforts and participation will be recognized. First, Second and Third place winners in each age group and classification will be awarded a Gold, Silver or Bronze medal. Participants who do not place in the top 3 of their class and division will be awarded participation ribbons.



# Virginia Victory Games

P.O. Box 37130  
N Chesterfield, VA 23234  
804-651-6912  
www.virginiavictorygames.org

## PARENT OR GUARDIAN’S LIABILITY RELEASE

PARTICIPANT NAME: \_\_\_\_\_

We are fully aware of the nature and scope of the Virginia Victory Games competitive sporting event, hereafter referred to as “Event”, in which our child will be participating. We understand that there are risks and dangers associated with such an Event and that it is not the function of the Virginia Victory Games, its affiliates, agents, operators or volunteers to guarantee our child’s safety with respect to this Event. We certify that to the best of our knowledge, our child is capable of participating in the Event.

We understand and agree that neither the Virginia Victory Games, nor its affiliates, agents, operators or volunteers may be held liable in any way for any occurrence in connection with this Event, which may result in injury, death, or other damages (including property damage) to our child, or his/her family, heirs or assigns.

In consideration of our child’s being allowed to register for and participate in this Event, we hereby personally assume all risks associated with said Event, and we further release the Virginia Victory Games, its affiliates, agents, operators or volunteers from all liability claims, demands, costs, charges, and expenses for any harm, injury or damage (including property damage) which may be sustained by our child as a result of his/her participation in the aforementioned Event, including all risks connected therewith, whether foreseen or unforeseen, and further we promise on behalf of ourselves and our child that no claim or claims that either our child or his/her parents or legal guardians may have as a result of any such harm, injury or damage will be asserted against the Virginia Victory Games, its affiliates, agents, operators or volunteers in by court of law. Finally, we agree to indemnify and hold harmless the Virginia Victory Games, its affiliates, agents, operators and volunteers from all claims, demands and actions of law or equity arising out of our child’s participation in the aforementioned Event.

In the event we cannot be readily reached in case of emergency, the Virginia Victory Games, its affiliates, agents, operators and volunteers have permission at my expense to:

1. Allow the Virginia Victory Games physicians to administer or decide about any emergency treatment necessary.
2. Utilize the most convenient city/county rescue squad vehicle or ambulance to transport my child to the nearest hospital.

We further state that we are legally competent to sign this Liability Release; that we understand the terms herein are contractual and not a mere recital; and that we have signed this document as our own free act. We have fully informed ourselves of the contents of this Liability Release by reading it before we signed it.

In witness whereof, we have executed this Liability Release on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

SIGNATURE \_\_\_\_\_ Athlete/Parent/Legal Guardian



# Virginia Victory Games

P.O. Box 37130

N Chesterfield, VA 23234

804-651-6912

[www.virginiavictorygames.org](http://www.virginiavictorygames.org)

## **PHOTOGRAPHIC OR DIGITAL IMAGES RELEASE**

I hereby do grant permission to the use of any photographs or digital images taken of the aforementioned registrant during his/her participation in the Virginia Victory Games, or any interviews held at any other time in connection with the advertisement, promotion of and publicity for the Virginia Victory Games. This release shall apply to the use of such photographic or digital images which may be identified by the child's name and educational institution only, in all forms of print advertising and electronic media including, but not limited to, publication and use of the images or photographs on the Virginia Victory Games website and in promotional videotapes.

**ATHLETE SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Parents/Guardians completing for athlete under 18, or if application is being completed by someone other than the athlete, please print and sign below.**

**SIGNATURE** \_\_\_\_\_

**DATE:** \_\_\_\_\_



# Virginia Victory Games

P.O. Box 37130  
N Chesterfield, VA 23234  
804-651-6912  
www.virginiavictorygames.org

## VIRGINIA VICTORY GAMES GENERAL MEDICAL EVALUATION FORM (Must be completed and returned PRIOR to participation in Games)

### TO BE FILLED OUT BY PARENT/GUARDIAN

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Emergency Phone # \_\_\_\_\_

Diagnosis/Disability \_\_\_\_\_  
\_\_\_\_\_

List any events you/your child may NOT participate in:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please circle all that apply:

Visually Impaired	YES	NO	If yes, visual acuity _____
Allergies	YES	NO	If yes, list below:
Heart Condition	YES	NO	
Respiratory Condition	YES	NO	
High Blood Pressure	YES	NO	
Fainting	YES	NO	
Heat Exhaustion	YES	NO	
Hemophilia	YES	NO	
Seizures	YES	NO	Are seizures controlled?
Skin problems	YES	NO	
Bladder Problems	YES	NO	Drainage device used:

Braces or equipment to be used in competition: \_\_\_\_\_  
\_\_\_\_\_

Current Medications and dosage(s): \_\_\_\_\_  
\_\_\_\_\_

---