



Request for Sports Wheelchair

1. Please complete the following application (all pages) in it's entirety.
2. Provide the following:
 - a. Copies of the requested applicant report card
 - b. Essay requested from the Academic Information section in the application
 - c. Signed copy of One Chair at a Time Requirements, Rules, and Regulations

Application Date:

How did you hear about One Chair at a Time?

Recipient Information

Name: _____ Birthdate: _____ Age: _____

Address: _____

City, State: _____ Zip: _____ Male / Female (*circle one*)

Phone (*primary*): _____ Phone (*secondary*): _____

Email: _____

Height: _____ ft. _____ in. Weight: _____ lbs. Dominate Hand: _____

Disability: _____

Parent/Guardian Information

Name: _____

Address: _____

City, State: _____ Zip: _____

Phone (*primary*): _____ Phone (*secondary*): _____

Email: _____

Relationship to Recipient: _____

Additional Information

Primary Guardian Occupation: _____ Employer: _____
Currently Employed? Yes / No

Secondary Guardian Occupation: _____ Employer: _____
Currently Employed? Yes / No

Wheelchair Information

Do you currently own a sports wheelchair? Yes / No (*circle one*)

What type of sports wheelchair(s) would you like to receive? _____

Have you ever participated in adaptive sports? Yes / No (*circle one*)

If yes, please describe: _____

If I outgrow my sports chair, I agree to "recycle" for use by another athlete. Yes / No (*circle one*)

Academic Information

Current GPA / Grades from most current report card: (*please provide copy of last two report cards*)

Extracurricular Activities: _____

Please attach an essay describing the following: Why do you want a sports chair? What sport you would like to learn about and/or compete in? How would having a sports chair change your life? What are your future goals? (*One page minimum for ages 12 and above. Half page minimum for ages 11 and below. Essay to be completed by athlete.*)

Financial Assessment of Parent/Guardian

Monthly Household Income:

(*Wages, SSI, SSDI, etc.*)

Liabilities (*Long Term Expenses*):

(*Mortgage, Medical Bills, Credit Cards,
etc.*)

Assets (*Current Balance*):

(*Savings, Checking Accounts,
Investments, etc.*)

Marital Status: S M D W # of Dependents: _____ List Ages: _____

Additional financial verification may be required at a later time to determine eligibility of the applicant.

The above information is complete at correct to the best of my knowledge. One Chair at a Time will not be held responsible for any injury, harm, or damage to oneself, others or property during the recipient's use of this chair.

Applicant Signature

Date

Parent/Guardian Signature

Date

Photo and News Release:

I authorize One Chair at a Time to use photographs and information about my child for promotional and news release purposes.

Signature

Date

Please submit your completed application and copies of the requested report card and essay to One Chair at a Time:

By Mail:

One Chair at a Time
8125 Victory
Amarillo, TX 79119

By Email:

info@onechairatatime.com



Requirements, Rules, and Regulations

The athlete will submit a written application to be considered to receive a sport wheelchair from One Chair at a Time, “OCAAT”.

Must be minimum age of 7, and maximum age of 19.

The sport wheel chair can be taken back by OCAAT if it is not being properly or regularly used.

The sport wheelchair must be returned in the same working order as when it was received.

The athlete must compete in a sanctioned sporting event in the wheelchair within six months of receiving it and provide proof of competing.

OCAAT will not be held responsible for broken or misused equipment. All maintenance of chairs will be the responsibility of the individual receiving the chair.

The Athlete must be physically able to transfer in and out of a sport wheelchair with minimal assistance.

The Athlete must provide a physician's release stating that he or she is physically, mentally and emotionally able to compete in competitive sports.

The Athlete must attend at least one wheelchair clinic or educational opportunity put on by OCAAT to help the athlete learn to use the sport wheelchair properly and safely.

OCAAT will not provide any transportation or compensation to attend or travel to an educational clinic or sporting event.

If the Athlete is regularly using the sport wheelchair and outgrows it, OCAAT will take the Sport Wheelchair back and replace with a properly fitting new Sport Wheelchair.

Assessments for sport wheelchairs to be completed by licensed physical therapists with the assistance of licensed physical therapist assistants provided by OCAAT.

By signing below I certify that I have read, understand, and comply to agree with all rules and regulations of One Chair at a Time listed above.

Applicant Signature

Date

Parent/Guardian Signature

Date