



UNITED STATES ASSOCIATION  
of INDOOR WHEELCHAIR SOCCER

IWS FORM - E  
PLAYER'S PROFILE

NEW PLAYER PROFILE:

**ONLY REQUIRED for NEW PLAYERS, either a class 4 or 5, on Teams in DIVISION II**

NAME \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

Residential Address: \_\_\_\_\_

City and State \_\_\_\_\_

Best Phone Number \_\_\_\_\_ cell, home, work (circle one)

Alternate Phone Number \_\_\_\_\_ cell, home, work (circle one)

Email \_\_\_\_\_

Please list your sport experiences including high school; level of competition, and sports classification and organization affiliation. If none, please list none. Please experiences.

SPORTS	CLASS	DISABILITY CODES BELOW	YEARS IN SPORT	TOP LEVEL	SPORTS ORGANIZATION
<b>EXAMPLE</b>					
Wheelchair	3	<b>SCI</b>	5	Division I	NWBA
Basketball		<b>L-1</b>		Final Four	

**CODES FOR DISABILITY COLUMN:**

- CP/TBI:** Cerebral Palsy or Traumatic Brain Injured
- NM:** Neuromuscular disability such as Muscular Dystrophy or Multiple Sclerosis
- OP:** Orthopedic disability such as juvenile rheumatoid arthritis
- SCI:** Spinal Cord Injured; Please list **level of spinal lesion** in Disability column.
- AMP:** Amputee, congenital or traumatic

Please complete and email as attached or mail this form with tournament **final rosters due 30 days prior** to the first day of the tournament.

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