



WESTERN PROVINCE ATHLETICS

## ATHLETES WITH A DISABILITY INFORMATION FORM

May 2016

Name of Club:	
Name of person completing form:	
Designation:	
Contact Details:	

### Athletes with a Disability within our club:

Number of athletes with a disability registered with our club:	
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### Disability Type: (OPTIONAL)

Physical		Deaf or Hard-of Hearing	
Blind or Low Vision		Attention Deficit/Hyperactivity Disorder (AD/HD)	
Learning Disability		Traumatic Brain Injury	
Other			

### Kindly return the completed form to:

Western Province Athletics Office

Email: [equipment@wpathletics.co.za](mailto:equipment@wpathletics.co.za)

Fax: 021 699 0612