



Dear Veteran,

VA Boston Healthcare System in partnership with Providence VAMC will be hosting the 2022 New England Summer Sports Clinic in Providence Rhode Island, July 11th through the 15th, 2022. To participate please read through the application packet and complete. This event promotes rehabilitation by instructing Veterans with disabilities in adaptive sports.

WHO is eligible to participate?

Participation is open to male and female military service Veterans with spinal cord injuries, orthopedic amputation, visual impairments, neurological problems, and other disabilities. The application includes a general medical information section. All applications are reviewed by the Summer Sports Clinic's program directors and medical officer. Their decisions are final.

- Veterans who are enrolled in VA Healthcare
- **FULLY** completed applications
- **FULLY** vaccinated (to include booster)
- Preference will be given to first time participants to the New England Summer Sports Clinic
- Applications received by the deadline (May 15th, 2022)
- Compliance with Participant Agreement

WHAT is the weekly schedule like, and what activities do we participate in?

- July 11 - Registration, Team Assignments, Golf Expo, Opening Reception, Team Meetings
- July 12 - Sailing, Cycling, Kayaking, Surfing
- July 13 - Sailing, Cycling, Kayaking, Surfing
- July 14 – TBD!, Awards Banquet
- July 15 - Check Out

This is a tentative activity schedule and is subject to change.

Prior to the Summer Sports Clinic, you will be assigned to a team. Your team leader will contact you and will answer any questions you may have.

As a participant, you will work with adaptive instructors and adaptive equipment. Your instructor will assess your abilities and adapt the training program to meet your needs. Activities are scheduled from approximately 8:00am to 4:00pm, which are team based and require **ALL** members to be present and participate at their highest level.

WHERE is the Summer Sports Clinic held?

This year's Summer Sports Clinic for Disabled Veterans will be held in Rhode Island. VA Boston Healthcare System and Providence VAMC will be working with community partners throughout New England to bring you this exciting rehabilitation event. Once accepted, you will be required to call the hotel and provide them with a credit card number to pay for your room. You are responsible for your room charges for the week and must have a credit card on file while staying with the hotel for any incidental expenses. Hotel information will be provided upon acceptance into the clinic.

Please fill out the **Hotel Accommodation** portion of the application completely. Space is limited. All events are nearby and wheelchair accessible transportation is provided.

Registration is held at the hotel between the hours of 8:00 a.m. and 11:00 a.m. on Monday July 11, 2022, as activities will begin at noon.

HOW do I apply?

Veterans can apply to participate by completing all elements of the registration packet. **Only fully completed applications received by May 15th, 2022 will be accepted.**

Mail your complete application to:

**Jenny Vulpis
VA Boston Healthcare System
940 Belmont Street (BR 135)
Brockton, MA 02301**

You will be notified that your application has been received **no later than June 1st, 2022.** Once all applications have been reviewed a selection letter will be sent to you no later than July 1st, 2022.

WHAT is included?

Veterans are expected to pay for their room charges as well as transportation to and from the Summer Sports Clinic. The hotel will offer a continental breakfast each morning. Lunches will be provided free of charge Monday through Thursday. In addition, dinner is provided Monday through Thursday. Meals are all done through sponsors, and menus are unknown at this time. All equipment and related clinic activities are free of charge.

WHAT if I need medical care?

Support personnel must accompany all participants requiring daily supportive care or assistance in activities of daily living (ADLS). Nursing care for ADLs such as bathing, showering, and catheter care **is not provided.** We recommend that if you anticipate needing personal equipment or supplies such as catheters, leg bags, irrigating solutions, and shower chairs, etc. that you bring these items with you. VA physicians and registered nurses make up our medical team for onsite emergencies.

WHAT should I bring?

- All necessary medications for 1 week
- A bathing suit for the pool and lake activities.
- Waterproof outerwear that is designed for rain conditions.
- Appropriate clothing for warm weather days and cool nights.
- Sunglasses and sunscreen are helpful.
- Your team leader can help you decide what clothing to bring.

COVID 19 Statement:

We are continually monitoring the COVID-19 virus when planning for the 2022 New England Summer Sports Clinic and potential changes we may need to make to keep everyone safe. More information will become available as we get further into 2022 and will be shared.

- Please include a copy of your vaccination card and your caregivers(if one is assisting you).
- Please note we may not be able to accommodate family members and children at the event.
- Face coverings will be required indoors; social distancing will be expected wherever possible.

Service Dogs:

Per VHA Directive 1188 - A service animal is a **dog** that is trained to do work or perform tasks for the benefit of an individual with a disability. Service Dogs are the responsibility of the Veteran (handler). We do not provide alternate handlers or assistance to take care of service dogs at the New England Summer Sports Clinic. *Therapy animals, companion animals, emotional support animals and pets are not considered service animals and are not permitted at the NESSC.*

- Only service **dogs** are allowed at the NESSC.
- The handler will be asked to remove and kennel any animal that does not conduct themselves in a professional service dog trained manner. This will be at the handlers' expense or they will need to return home.
- Complaints regarding the poor behavior of a dog will be followed up by NESSC staff.

Caregivers:

Please remind your caregiver that they should be in good, physical health and can tolerate being outside in warm weather for 8-10 hours. To reduce the size of the 2022 NESSC and the potential of spread of COVID-19, anyone who is not essential to the event **should not attend**. This includes children under age 16 and other family members, unless they are providing hands-on caregiving responsibilities.

Event Expectations:

This event is an extension of VA healthcare. Compliance with VA rules, regulations and policies is expected by all participants. Please note, bringing weapons, unprescribed drugs or paraphernalia, unexcused non-participation, exhibiting disruptive behavior, and harassment of others in any form, will not be tolerated.



All information must be provided for application to be considered.

SECTION I: CONTACT INFORMATION

Participant Name: _____

Date of Birth: _____ **Full Social Security Number:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Cell Phone Number:** _____

E-Mail Address: _____

Branch of Service: _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____

Daytime Phone: _____ **Evening Phone:** _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Relationship to patient: _____

T-shirt Size (circle one): Small Medium Large X-Large 2XL 3XL

Participant Agreement:

This event is an extension of VA healthcare. Compliance with VA regulations and policies is mandatory for all participants. Bringing weapons, non-prescribed drugs or paraphernalia, unexcused non-participation, exhibiting disruptive behavior and harassment of others in any form, will not be tolerated and may result in immediate expulsion and may affect future participation.

I acknowledge that participating in this event is a potentially hazardous activity, but represent that I am trained adequately and am medically able. I agree to assume all risks associated with this event, including but not limited to serious bodily injury, including death, and property damage. Participant consents to medical treatment in the case of emergency and agrees to assume full responsibility for payment of any and all fees incurred as a result of medical treatment.

Participant agrees to assume any liability and expense incurred as a result of property damage arising from negligence or intentional misconduct of participant or their guest.

Participant Signature: _____ **Date:** _____

SECTION II: HOTEL ACCOMMODATION

- Will you be requesting hotel accommodations? YES NO
- Would you be willing to share a room? YES NO
- Will you be bringing a Service Animal? YES NO
- Will a caregiver be attending with you? YES NO

If you have a roommate preference, list their name below so that we can maximize the rooms available.

Roommate's Name: _____

Are you bringing a caregiver? If yes, please provide their name and age if under the age of 18 years old:

Once your application has been reviewed and you have been accepted you will need to contact the hotel to provide a credit card number for payment. The hotel contact information will be provided in the acceptance letter.

SECTION III: GENERAL INFORMATION

Mobility level:

- Ambulatory
- Cane
- Manual Wheelchair
- Standing visually impaired
- Sitting visually impaired
- Non-ambulatory
- Walker
- Power wheelchair
- Scooter
- Other: _____

Are you planning on bringing your own equipment necessary for your sport? Yes No

If yes, what type of equipment will you bring? _____

Have you attended the New England Summer Sports Clinic in the past? If yes, what years?

- 2010 2014 2018
- 2011 2015 2019
- 2012 2016 2020
- 2013 2017 2021

Dietary Preference:

- Gluten Free
- Vegetarian
- Vegan
- Allergies: _____

SECTION IV: GENERAL MEDICAL EXAMINATION

TO BE COMPLETED BY EXAMINING CLINICIAN

To Clinicians: Your patient is planning on participating in an outdoor rehabilitative sporting event that takes place at various areas in Rhode Island in July. Please assist us in ensuring that applicants are appropriate for this rehabilitative activity by conducting a detailed review of your patient’s medical record. All activities are done in a supportive environment to ensure positive outcomes and safety. Should you have questions regarding this event and the activities please feel free to call or email Jenny Vulpis, 774-826-1955, or email: jenny.vulpis@va.gov

Patient’s Name: _____ Date: _____
 Social Security Number: _____ Date of Birth: _____
 VAMC where patient receives care: _____

SECTION IV a: DIAGNOSIS

Primary Diagnosis/Type of Injury (Date of Onset: _____)

- Spinal Cord Injury Level _____ Complete _____ Incomplete
- Multiple Sclerosis
- Ataxia/ other neurological conditions
- Traumatic Brain Injury
- CVA with residual
- Amputee: Leg: Right Left A/K B/K
 Arm: Right Left A/E B/E
- Mental Health diagnosis: _____
- Other: _____

Hearing Impairment Diagnosis

Which ears are affected? Right Left Both
 Does patient use hearing aids? Yes No

Visual Impairment Diagnosis

If applicable, circle:
 Legally Blind (best corrected <20/200 ou) Field Loss Totally Blind
 Which eyes are affected?: Right Left Both
 Can patient see with glasses?: Yes No
 Other visual problems (specify): _____

Patient's Name: _____

Date: _____

SECTION IV b: HISTORY

Medical History: Please check all boxes that apply.

Has your patient ever had or currently having problems with:

- Anxiety/Panic Disorders
- Readjustment issues since combat
- Chronic pain requiring narcotics
- PTSD
- Drug/Alcohol Use
- Asthma
- Anticoagulation
- Hypoxia requiring O₂
- Coronary Heart Disease
- Difficulty with Behavior/Emotions
- Dysreflexia (autonomic)
- Diabetes
- COPD
- Seizures
- Communication Deficits/Aphasia

Allergies: _____

Current Medications: _____

Other Remarks: _____

Patient's Name: _____

Date: _____

SECTION IV c: PHYSICAL EXAMINATION

Height: _____

Weight: _____

Pulse: _____

Blood Pressure: _____

Heart: _____

Lungs: _____

Head & Neck: _____

Abdomen: _____

Extremities _____

Sitting Balance: Normal Fair Poor

Does the patient smoke? Yes No

Does this patient require a caregiver/attendant? Yes No

Do they use a wheelchair for mobility? Yes No

What other adaptive equipment do they use? _____

In your professional opinion, the above applicant is: (PLEASE CIRCLE ONE)

CLEARED TO PARTICIPATE

NOT CLEARED TO PARTICIPATE

Signature of Examining Clinician: _____

Please Print Clinician's Name: _____

Phone: _____ **Pager Number:** _____

Should you have questions regarding this event and the activities please feel free to call or email:

Jenny Vulpis, 774-826-1955 or jenny.vulpis@va.gov