



Virginia Victory Games

P.O. Box 34425
Richmond, VA 23234
804-475-7808

Dear Alumni Participant or Guardian:

Thank you for expressing an interest in the 2009 Virginia Victory Games. The Games are scheduled for:

Saturday March 7, 2009

8:00 am – 4:00 pm (Registration 8:00-8:30am)

St. Christopher's School

Kemper Athletic and Fitness Center

711 St. Christopher's Rd.

Richmond, VA 23226

The Virginia Victory Games are designed for children with physical, visual, or hearing impairments/disabilities and normal intelligence. Since 1981 the Games have been held annually in the spring for athletes of ages throughout Virginia.

Please find enclosed the **Registration Form, Liability and Photo Release, and Medical Form.** **ALL** forms must be postmarked by **February 14, 2009.**

LATE FORMS WILL NOT BE ACCEPTED. THERE WILL BE NO EXCEPTIONS.

If you cannot mail in your medical authorization with the registration form, you may bring it on the day of the games. If it is not complete, however, your child will not be able to compete.

Please mail completed forms to:

The Virginia Victory Games

P. O. Box 34425

Richmond, VA 23234

or

linda.crews@vavictorygames.org

Please call **804-475-7808** with questions. Lodging information and directions to the events are on the last page of the packet.

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. Thank you for your generosity.

We look forward to seeing you at the Victory Games!

Sincerely,

Linda Crews

Athletic Recruitment Coordinator

Virginia Victory Games

GENERAL INFORMATION



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P.O. Box 34425
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 804-475-7808

ELIGIBILITY AND CLASSIFICATION: Eligibility in The Virginia Victory Games is based on functional ability according to NASCP, NWAA, USABA, and ISOD classification systems. Competitors must have a medically diagnosed physical disability.

All competitors must be classified in order to ensure fair competition. An occupational therapist, physical therapist, or vision teacher must do classification testing.

FOR THOSE WHO PARTICIPATED IN THE 2007 or 2008 GAMES: No reclassification is needed. We will use your classification from the previous year. If you have experienced any major functional changes that would result in a change in class (i.e. wheelchair to walker or vice versa) please indicate on registration forms.

NEW COMPETITORS: Testing should be done prior to Games. The PT, OT, or vision teacher who regularly works with the participant should do this.

Please have whoever will be classifying your child contact **The Virginia Victory Games at 804-475-7808** for a classification guide. Please return classification worksheets with your child's registration.

TRACK AND FIELD EVENTS:

EVENT	DESCRIPTION	WHO CAN PARTICIPATE	OTHER
CLUB THROW	This is a distance-throwing event for those who have difficulty grasping a ball. The clubs weigh 1 lb and are 4" long.	<ul style="list-style-type: none"> All ages NASCP 1-3 NWAA F1 – F4 ISOD LA1 	Athletes can participate in either club throw OR softball throw, not both.
SOFTBALL THROW	This is a distance-throwing event using regulation softballs.	<ul style="list-style-type: none"> All ages All classifications 	Athletes can participate in either club throw OR softball throw, not both
SHOTPUT	The shot is thrown for a distance and weighs 5 ½ lbs.	<ul style="list-style-type: none"> Must be 13 yrs or older Must be able to hold and propel a shotput 	Remember the shotput weighs 5 ½ pounds!
STANDING LONG JUMP	Participants jump for a distance.	<ul style="list-style-type: none"> All ages NASCP 5-8 All vision classifications NWAA F6-F8 ISOD LA3 and up 	
BOWLING	Lanes are ½ distance of regulation lanes, with curbed sides. Rubber bowling ball weighs 5 lbs. Ramp available for athletes who use wheelchair or assistive devices.	<ul style="list-style-type: none"> All ages All classifications 	



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WHEELCHAIR SLALOM	Choose between two courses: BEGINNER: Move forward, around, and between a series of cones for a time. ADVANCED: Move forward and backwards in a variety of tasks including up and down a ramp.	<ul style="list-style-type: none"> All Ages Athletes using a manual or motorized wheelchair 	Chose either beginning or advanced, not both.
60 M	Straight sprint race in lanes	<ul style="list-style-type: none"> All ages All classifications 	
200 M	A medium endurance race 1 ¼ laps around the track.	<ul style="list-style-type: none"> All ages All classifications 	
400M	A longer endurance race 2 ½ times around the track	<ul style="list-style-type: none"> All ages All classifications except athletes using motorized wheelchairs. 	

** Participants in racing wheelchairs will not compete against those in standard manual wheelchairs. Those in power chairs will not compete against those in manual wheelchairs. Please indicate 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.

DIRECTIONS:
Kemper Athletic and Fitness Center
711 Saint Christopher’s Rd
Richmond, VA 23226-2708

Please visit our website <http://www.vavictorygames.org/events.htm> to get door-to-door directions to the games. Then click on the directions button.



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THE 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 _____
Street City/Town Zip

Birth date _____ Age _____ Emergency Phone # _____

Diagnosis or disability (list all) _____

Date of onset _____ Cause (congenital/traumatic) _____

Please list all operations _____

Please circle all that apply:

Visually impaired	YES	NO	If yes, visual acuity _____
Allergies	YES	NO	If yes, please 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?	YES	NO	Please explain:
Skin problems (current and past)	YES	NO	
Bladder problems	YES	NO	Drainage device used:

Braces or appliances to be used in competition: _____

Current medication(s) and dosage(s): _____



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THE VIRGINIA VICTORY GAMES MEDICAL EVALUATION

Must be filled out by physician:

Participant does not need to have had a physical examination in the last year if physician can complete this form without such examination.

Doctor's name: _____

Doctor's address: _____ Phone: _____

Street

City/Town

Zip

Physical examination:

Diagnosis: (list all) _____

Pulse: _____ Blood pressure: _____

Head/neck/eyes: _____

Chest: _____

Heart: _____

Abdomen: _____

Central nervous system: _____

Skin: _____

Allergies: _____

Medications: _____

Functional limitations: _____

For participants who are visually impaired: _____ Diagnosis _____

Acuity _____ Visual field _____

List of previous medical emergencies: _____

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The Victory Games include the following events:

Track Events

60 meter run

200 meter run

400 meter run

Wheelchair slalom

Field Events

Softball throw

Club throw

Shotput

Bowling

Standing long jump

Please list any events in which this child **CANNOT** participate: _____

Comments related to athlete's participation in competitive sports: _____

Date _____

Doctor's signature _____