Application for Rock N Roll Pickleball’s (RNR) 
Introduction to Wheelchair Pickleball - July 15-18, 2017
Pickleball experience is NOT required

All positions and participants at any RNR function must conform to 
RNR confidentiality requirements and code of conduct. A copy of the 
RNR Confidentiality and Code of Conduct Disclaimer can be found here.

If you are interested in volunteering for Rock N Roll Pickleball please fill out RNR volunteer 
application and contact RNR at Adrienne@rocknrollpickleball.com for an interview. A copy of the 
RNR volunteer application can be found here.

Priority acceptance for class participation on July 14-18th, 2017, is given to National Veteran 
Wheelchair Games volunteers on July 19 and/or July 22, 2017. To be placed on the wait list, or be 
part of another Rock N Roll Pickleball course offering please contact RNR at 
Email: Adrienne@rocknrollpickleball.com

Itinerary for Introduction to Wheelchair Pickleball
This three-day course is $250.00. Participants will learn some basic concepts and mobility skills needed 
to play wheelchair pickleball. This course will also begin ladder progression for obtaining para-
pickleball-specialist credentials for those wishing to teach. Select participants may begin 
application for affiliated club and team lead status.

Participants beginning ladder progression for obtaining para-pickleball specialists credentials. 
Satisfactory or unsatisfactory ratings will be posted.

Introduction to Wheelchair Pickleball (preliminary instruction with essentials for basic instruction)
- July 15, 2017 1pm – 6pm   Rock N Roll Introduction
- July 16, 2017 1pm – 6pm   Rules, Guidelines and Mobility Basics
- July 17, 2017 4pm – 9pm   Putting It Together on the Court and Into a Game

This course is part of the Para-Pickleball Specialist Certification ladder-training program and is 
designed to promote inclusion, increase basic wheelchair mobility, club affiliations and increase 
availability of qualified trainers for Rock N Roll Pickleball. Please identify your level of interest. A 
series of courses, including 4 wheelchair pickleball, are needed to become a certified para-pickleball 
specialist.

Please identify your level of interest:
☐ Recreation  ☐ Team Lead  ☐ RNR Affiliated Club  ☐ Basic Inclusive Pickleball Instruction
☐ Para-Pickleball Specialist Certification (requires satisfactory rating in all RNR courses)
☐ Para-Pickleball Competition

All Wright State University students will be required to submit proof of enrollment for student 
preference.

All Veterans must submit copy of DD-214 or proof of VA healthcare eligibility for Veteran preference.
First Name:___________________________________  Last Name:____________________________

City:_________________________  State:____________  Zip Code: _______________

Cell Phone: _____ - _______ - ____________

Phone Lan Line: _______ - _______ - ______________

Email: ___________________________________________

Occupation: ___________________________________________

Voluntary disclosure (information provided will remain confidential and used only in case of emergency): Do you have any medical conditions or taking any medications RNR should be aware of in the event of an emergency? If so please explain: __________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
___________________________________________________________________________
In case of emergency please contact:

Name: _____________________________________________________________________

Address: ___________________________________________________________________

Phone Number: ___________________________________________________________________

Physician Name, Phone and Location: __________________________________________

Please mark if you are a: ☐ Veteran  ☐ USAPA Ambassador  ☐ Wright State Student  ☐ Para-Athlete  ☐ Emergency Responder

Would you like to request any accommodations? If so please explain (information will remain confidential and used only for making reasonable accommodation(s) for class participation):

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________

___________________________________________________________________________
Please answer the following (questions all questions marked by * are required for application):

1) *What days are you available to volunteer for NVWG (please note one or both days available)?
   
   □ July 19th  □ July 22nd  □ not available

2) What is your goal with RNR?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

3) *What do you hope to achieve with this course?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

4) Do you have pickleball experience? Yes  No  If so what is your skill level and pickleball experience:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

5) Please explain if you have financial difficulties paying for tuition of RNR classes without help of a scholarship.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

6) Although experience is not required, do you have any experience with physical disabilities and adaptive sports?  Yes  No

7) *Do you have experience with people in crisis?  Yes  No

8) *Some applicants may be put on wait list or serve as an alternate as a volunteer at the NVWG.
Please note if you are willing to be an alternate and work as a volunteer in a different position other than as assistant instructor. Yes No

All volunteers must sign and conform to RNR confidentiality requirements. Please sign and return confidentiality statement along with application and supporting documents to RNR at Adrienne@rocknrollpickleball.com.

My signature herein states that I am healthy enough to participate in RNR activities, have cleared my participation with my physician, and that I am not and will not participate in any RNR activities against medical advice:

Signature: ___________________________________________   Date: _________________________

Application Requirements:

1. This training course is designed to help promote inclusion, enjoyment of wheelchair pickleball, club affiliations and increase availability of qualified instructors for Rock N Roll Pickleball. This course is the first of four wheelchair pickleball courses.

2. Upon submission, all applications will be reviewed prior to submission of payment. All payments are non-refundable.

3. Upon approval of application, applicant will be contacted by RNR to confirm dates, time, payment and attendance.

4. Some applicants may be put on wait list or serve as alternate in another volunteer position at NVWG. Please note on question 8) if you are willing to be an alternate and work as a volunteer in a different position.

5. If applicant provides false information, application will be voided.

6. Anyone wanting to become a team lead for a competitive para-pickleball RNR team must meet RNR requirements and contact RNR for an interview.

Application Checklist:

1. If applying as Para-Athlete, please submit statement of disability or Voluntary Disclosure Statement.

2. If applying for Wright State student preference, please submit proof of enrollment.


4. Signed application.

5. Deadline for scholarship applications are April 10, 2017.
