MOVE UNITED SANCTIONED COMPETITION

2022 Event Data Collection

The Post-Event Report will ask for the below information. It may be easiest for you to collect this information on your registration form along with the demographic information listed below.

Please provide total numbers for the following groups:	
Athletes	
	Youth
	Adults
	Veterans
	Paralympians
Coaches/Instructors	
Classifiers	
Officials	
Volunteers	
Event Management (Event Director, Local Organizers, Sport Leads, etc.)	
Spectators	
Total Attendees	

Demographics
** (asterisk) Denotes required field on your registration form

*Last Name

*First Name

Pronouns
        She/Her/Hers
         He/Him/His
         They/Them/Theirs
         Not listed (Conditional logic to specify)
         Prefer not to say

*Email Address

*Address

*City

*State (2 letter state code from drop down list)

*ZIP (5 digit ZIP code)

*Country

*DOB (mm/dd/yyyy)

*Are you a US citizen (for record setting and classification purposes):
> Yes
> No

*Organization/Team (independent athletes enter "N/A" or "independent")

*I identify my race as (select all that apply):
- White
- Black or African American
- American Indian or Alaska Native
- Asian - Conditional logic to Specify Origin: *(example Chinese; Indian; Afghan; Filipino; Iranian;* etc.)___
- Native Hawaiian or other Pacific Islander
- Not Listed (Please specify race or origin): __ _
- Prefer not to say

*I identify as being of Hispanic, Latino or Spanish Origin:
- No, not of Hispanic, Latino, or Spanish origin
- Yes, I am of Hispanic, Latino, or Spanish origin – conditional logic to specify origin *(example Mexican, Puerto Rican,* Cuban, *Dominican, Colombian, Spaniard, Ecuadorian, etc.)* ___

*I identify my Gender as:
- Female
- Male
- Non-Binary
- Prefer to Self-Describe
- Prefer not to say

*Do you consider yourself a member of the Lesbian, Gay, Bisexual, Transgender and/or Queer (LGBTQIA+) community?
- Yes
- No
- Prefer not to say

MOVE UNITED

SANCTIONED COMPETITION

2022 Event Data Collection

*Disability: (check boxes with certain conditional logic to gather specific Disability information) Event Directors may ask a more specific disability question if the buckets below do not provide enough detail for event purposes.

- Acquired Brain Injury (Traumatic or Non-Traumatic)
- Blind or Low Vision
- Cognitive/Intellectual or Specific Learning Disability (Including Autism, Down Syndrome, Severe ADD/ADHD, Nonverbal Learning Disability) – conditional logic to specify
- Deaf or Hard of Hearing
- Dwarfism or Short Stature
- Mobility Impairment and/or Limb Loss/Deficiency (including SCI, Spina Bifida, Transverse Myelitis, Amputation, Cerebral Palsy) - conditional logic to specify
- Neuromuscular (Including Amyotrophic Lateral Sclerosis ALS, Charcot-Marie-Tooth disease, Multiple Sclerosis, Muscular Dystrophy, Nerve Damage, Polio, PTS, Stroke) – conditional logic to specify
- Not Listed (Please specify here) – conditional logic to specify
- I do not identify as having a Disability
- Prefer not to say

*Are you an active or retired member of the Military?
- Active Duty (conditional logic if chosen to be given the choice of pre 9/11 or post 9/11)
- Veteran
- Neither active or retired member of the Military
- Prefer not to say