

Welcome to the Team Registration Form for the National Wheelchair Basketball Association. If you have any questions during the registration process, please contact the National Office at registration@nwba.org or 719-266-4082.

If you are mailing your check, please make check payable to "NWBA" and mail to:

NWBA

Registration-Team Name, Division 1130 Elkton Drive., Suite C Colorado Springs, CO 80907

If you are a returning team, you should have received your username and password for the registration process via email. If you have not received your username/password please contact the National Office. If you are a new team, please create an account.

Before beginning your team's registration, please ensure that you have the following information for players and coaches.

Basic Contact Information: (is required)**

- Legal first and last name**
- Email address**
- Address, city, state, zip**
- Date of Birth**
- Gender**
- T-Shirt Size**
- Team Role**
- Classification (Medical and Functional)**
- Disability**
- Grade (for youth players)**
- Jersey Number
- Team website (if applicable)
- Team logo (if applicable)
- Conference Affiliation

You must to able to answer the following questions for each player and staff member:

- Are you a military veteran?
- How many years have you been playing wheelchair basketball?