

Sample Player Registration Form



To help us better understand and coach your player, please provide the requested information. Thank you!

Player's Name _____

Height _____ Weight _____ Age _____

Mobility:

- Ambulatory Uses walker Uses wheelchair
 Needs assistance Uses crutches Uses braces Other _____

Communication:

- Verbal Non-verbal Uses Sign Language Uses Communication Board
 Other _____

What motivates the player to perform well? (check all that apply)

- Verbal praise Food _____ Tangibles (prizes, stickers, etc.)
 Attention Being left alone Being allowed to _____

Fears (loud noises, bugs, physical contact, etc.)

Health concerns that could impact the player's game (asthma, heart condition, seizures, etc.)

For players with Down syndrome: Does the player have the atlanto-axial condition?

- Yes No

If yes, are you aware that this condition may affect his/her ability to play soccer safely?

Behavioral concerns (unacceptable social behaviors, etc.)

What strategies are used when these behaviors occur? _____

Please list anything else you feel the coach should know: