



Go For It Sports Special Olympics Track Team

Registration Form

Athlete Name: _____ Athlete Birthdate: _____

Parent/Guardian: _____

Address: _____ City: _____ State: _____ Zip: _____

Emergency Contact Number: _____

Email Address: _____

Payment Type (circle one):

CASH

CHECK

CREDIT CARD

Interests and Supports

What are the athlete's favorite activities?

What are any specific goals that want to be achieved through participation?

Does athlete have any physical/health needs that a coach should be aware of? (ie. previous surgeries, joint pain, visual impairment, hearing impairment, etc)

Does athlete have any medical needs that a coach should be aware of? (ie. seizures, diabetes, asthma, medications, etc)

Does athlete display any acting out behaviors? If so, what are common triggers?

Does athlete respond to any intervention strategies when displaying acting out behaviors?

What is the athlete's preferred social setting? (ie. one on one, small group, large group)

Additional Comments

Signature: _____ Date: _____