

VIP Player Information Form

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



for players with physical and mental disabilities

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: _____

UNIFORM INFORMATION:

Sizes Available: Youth Sm. – XL & Adult Sm. – XXL

Jersey Size: _____

Socks will be either Youth or Adult based on Jersey size requested.

Shorts Size: _____