# AYSO Region 372 Buddy Information Form

This form must be completed annually. Beginning Season: Fall 2007 ____ Other ____
Shirt Size _____
Name _____ Phone/s _____
Address _____ City _____ Zip _____
Email _____ Grade _____ Age _____
School Attending _____ School Phone _____
School Community Service Coordinator _____ (if applicable)
Parent/s Name, Phone, Email _____

So we can pair you with the appropriate player, please provide the following information:
Height _____ Male _____ Female _____
My physical build is closest to: stocky, strong ____ average _____ thin, slight _____
List any special skills you have:

How many weekly games will you be able to attend? All ____ OR _____

If you have a preference of a known player you would like to be matched with, please provide their name:

What do you hope to gain from being a VIP Buddy?
(Please check and comment on any answers that apply to you).
Community Service project _____
Learn more about different people _____
Help someone I know _____
Have fun at the soccer fields _____
Interest in learning Sign Language? Y / N
Other: _____

**Thank you for volunteering to be a VIP Buddy!**

*If you are under the age of 18, your parent needs to sign below.*

I hereby give my permission for my son/daughter _____ to participate in the AYSO VIP Program as buddy for a player with special needs. I understand that this is a volunteer position and that if s/he must complete an AYSO Volunteer Application form.

Signed _____ Date _____
Printed Name of Parent/s: _____
Phone Number/s: _____ Email: _____
Emergency Contact (Name and Contact number/s): _____
Is Buddy also registered as an AYSO Player with Region 372? Yes/No

<u>Please do not write in the space below.</u>
Assigned to Team/Player:
Transportation provided by:
Received information about Orientation/Training: Yes _____ No _____
Initials of VIP Volunteer Collecting Information Form: _____