

AYSO Region 372 VIP PLAYER Information Form

To help us better understand and coach your player, please provide the requested information. The information you have provided will only be used for orientation/training purposes for coaches, referees and Buddy volunteers. We regard this information as confidential and respect the privacy of all VIP participants. Thank you!

Player's Name _____ Height _____ Weight _____ Age _____
Parent/s Name _____ Player Shirt/Shorts size _____
Address and Phone/Email for Parent contact: _____

Phone Number/s and Email for Parent contact: _____

DIAGNOSIS (include primary and secondary if useful): _____

Mobility: (please check)

Ambulatory _____ Uses Walker _____ Uses wheelchair _____
Needs assistance _____ Uses crutches _____ Uses braces _____
Other _____

Communication: (please check any that apply)

Verbal _____ Non-Verbal _____ Uses sign language _____
Uses Communication Board _____ Other _____
Comments _____

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

Verbal praise _____ Attention _____ Food _____
Being Left Alone _____ Tangibles (stickers, prizes, etc) _____
Being allowed to _____ Other _____
Comments _____

Fears (loud noises, 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? _____
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 your feel the coaches should know. Use the reverse side or attachments if needed.

Date completed _____

(For Fall 2007-Spring 2008)