



KIDS ENJOY EXERCISE NOW
greater dc

ATHLETE REGISTRATION FORM
(PLEASE PRINT LEGIBLY)

Parents: *Please take your time in filling out this form. Be as detailed as possible and add additional pages as needed. Please offer specific suggestions as to how KEEN volunteers can be most effective in coaching your child.*

Athlete's Name: _____	Date of Birth: _____	Age: _____
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Parent(s): _____

Address: _____ **Telephone Number: (home)** _____
_____ **Cell phone Number:** _____

E-Mail Address: _____

School: _____ **Siblings:** _____

Employer: mother	Telephone Number (work)
father	Telephone Number (work)

Emergency Contacts and Telephone Number(s): _____

1. _____

2. _____

SPECIAL SKILLS that parent could offer to KEEN (e.g. graphic designer, programmer, web-based skills, etc.)?

Would you be interested in serving on Parents Committee?

YES

NO

ATHLETE PROFILE

(PLEASE PRINT LEGIBLY)

I. Description Of Child

Disability: _____
Ability: _____
Physical Limitations: _____
Strengths: _____
Weaknesses: _____
Behavior Problems/Issues: _____
Left- Or Right-Handed: _____
Communication: _____
Toileting Skills: _____
Other: _____

II. Helpful Hints/Suggestions For Coaching My Child *(calming techniques, methods for motivating, etc.):*

III. Medical Conditions/Needs *(include medications, and the specific procedures you wish to be followed in the event of a seizure, injury, or other health-related incident that might occur at a KEEN activity):*

IV. Child's Favorite Activities:

V. Previous Recreational/Sports Experience, If Any:

VI. What You Hope Your Child Will Gain from KEEN *(personal goals, sports skills, socialization, etc.)*

PARENT SIGNATURE: _____ **DATE:** _____