



## **Athlete Information Form**

Student's Name \_\_\_\_\_

School \_\_\_\_\_ Teacher \_\_\_\_\_ Year 20\_\_-20\_\_

**Typical Behaviors** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Strategies** that will help with communication and assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Specific Needs** the Buddy will need to be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physical Limitations** (check all that apply in which student has extreme difficulty doing)

- a. Run      b. Walk      c. Grasping small objects      d. Grasping Large Objects  
e. Visually Impaired      f. Hearing Impaired      g. very limited arm movement  
h. wheelchair bound      i. other(s) \_\_\_\_\_

**Miscellaneous information** not provided above but buddy needs to know:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does this child require 2 buddies?      Yes      No

Is there a gender preference?      Yes: male / female      No

What size T-shirt for future reference? Youth: S    M    L    XL  
Adult: S    M    L    XL    2XL    3XL

Lunch options: For each *ROW*, please circle only one that student would choose.

- 1) Ham Sandwich    Turkey Sandwich    Veggie Sandwich    Bring own lunch  
2) Cheese Pizza                      Bring own lunch due to diet  
3) Hamburger                          Bring own lunch due to diet

**\*\*Please do not list information that is confidential to the student and/or parents.**

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## Athlete Events of Interest

**Athlete Name** \_\_\_\_\_

**DOB** \_\_\_\_\_

Please indicate the events in which the athlete enjoys or has interested by circling any of the events listed below:

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- Alpine Skiing
  - Athletics
  - Aquatics
  - Badminton
  - Basketball
  - Bocce
  - Bowling
  - Cycling
  - Distance Running
  - Equestrian
  - Floor Hockey
  - Golf
  - Gymnastics – Artistic
  - Gymnastics – Rhythmic
  - Ice Skating
  - Powerlifting
  - Sailing
  - Soccer
  - Softball
  - Speed Skating
  - Table Tennis
  - Tennis
  - Volleyball
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