



ATHLETE REGISTRATION FORM

Mail completed registration & release forms to

KEEN LOS ANGELES
601 S. Figueroa Street, Suite 2500, Los Angeles, CA 90017

PLEASE PRINT LEGIBLY

<p><u>Athlete Information</u></p> <p>Name: _____</p> <p>Birthdate: ____/____/____ Age: ____</p> <p>School: _____</p> <p>Home Address: _____</p> <p>Home Phone: (____) _____</p> <p><u>Regional Center Client:</u> Yes _____, No _____</p> <p><u>Emergency Contacts:</u> (no parents or guardians)</p> <p>Name (#1): _____</p> <p>Phone: (____) _____</p> <p>Relationship: _____</p> <p>Name (#2): _____</p> <p>Phone: (____) _____</p> <p>Relationship: _____</p>	<p><u>Family Information</u></p> <p><u>Sibling</u></p> <p>Name: _____ Age: ____</p> <p>Name: _____ Age: ____</p> <p><u>Parent / Guardian</u></p> <p>Mother's Name: _____</p> <p>Home Phone: (____) _____</p> <p>Cell Phone: (____) _____</p> <p>Email (if any): _____</p> <p>Place of Employment: _____</p> <p>Work Phone: (____) _____</p> <p>Father's Name: _____</p> <p>Home Phone: (____) _____</p> <p>Cell Phone: (____) _____</p> <p>Email (if any): _____</p> <p>Place of Employment: _____</p> <p>Work Phone: (____) _____</p>
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KEEN is a volunteer-run organization. We always welcome input from our parents and support from our parent volunteers.

Can you help! YES NO

Parents who can help on the program dates, including manning registration/security, preparing / shopping / setting up volunteer refreshments or keeping the equipment clean and in good working order; and/or you have certain special skills / expertise / knowledge you want to offer to KEEN: (e.g. graphic design, web-site maintenance, PR / marketing, grant writing, fund raising, special projects or simply making phone calls.)?

In which area(s): _____



KIDS ENJOY EXERCISE NOW
los angeles

ATHLETE PROFILE

Please print legibly and 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.

I. Description Of Child

Diagnosis: (you may check more than one)

_____ ADHD, _____ Autism Spectrum, _____ Cerebral Palsy,
_____ Down Syndrome, _____ Epilepsy/Seizure ,
_____ Learning Disabilities, _____ Mental Retardation
_____ Other _____

Strengths: (including physical, social and emotional)

Weaknesses: (including physical, social and emotional)

Behavior Problems/Issues:

Attention Span: _____ no, _____ yes, (check the answers below)
_____ 5 minutes, _____ 15 minutes, _____ 30 minutes & more

One to One Interaction: Peers: _____ yes, _____ no,
Persons other than Peers: _____ yes, _____ no

Adjustment to changes:
Physical environment: _____ yes, _____ no,
Social environment: _____ yes, _____ no,

Participation in social activities and group projects:
_____ yes, _____ no,

Repetitive body Movement: _____ yes, _____ no,

Temper Tantrums: _____ yes, _____ no,

Self-Injurious Behavior: _____ yes, _____ no,

Aggression: _____ yes, _____ no,

Safety Awareness: _____ yes, _____ no,

Gender:

_____ Female, _____ Male

Auditory Perception:

_____ yes, _____ no,

Visual Perception:

_____ yes, _____ no,

Communication:

_____ Verbal, _____ Nonverbal
_____ Sign Language
_____ Other _____

Primary language is spoke at home:

_____ English, _____ Spanish
_____ Other _____

Special Equipment: (if applied)

_____ Wheelchair, _____ Walker
_____ Assists in moving
_____ Moves independently

Toileting Skills:

_____ Not toilet trained
_____ Habit trained
_____ Goes to toilet by self
_____ Other _____

Hand & Arm Use:

_____ Right, _____ Left
_____ Partial extension
_____ Full extension

Running or Wandering Away:

_____ yes, _____ no,

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

III. Child's Favorite Activities and previous Recreational/Sports Experience, If Any:

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

PARENT SIGNATURE:

DATE:

Additional spaces, if needed
