

## KC Cheer Firecracker CheerAbilities Team

Athlete's Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Parent/Guardian Names and Relationship

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Documented Disability:

\_\_\_\_\_

Does he/she	Yes	Comments/Additional Information
Take Medicine/Prescriptions?		Names/Dosages:
Prone to having seizures?		If yes, what type?
		Seizure plan of action/When is it considered an emergency?
Have speech delays?		If yes, please explain how we can assist during cheer practices and performing?
Use a cane, wheelchair, or walker?		Wheelchair- Electric or Manual Is athlete able to get in and out of chair on his or her own? Yes or No
Have sensitivities to touch/texture?		
Have sensitivities to light/sounds/stimulation?		Does your child wear headphones around loud music or events? Yes or No
Have sensitivities to smells or fog/dry ice smoke?		
Have sensitivities to temperature?		
Have any other sensitivities?		
Allergies?		

Dietary Needs?		
Vision Concerns?		
Hearing Concerns?		

Does he/she?	Independently	Sometimes	Never	Comments/Additional Information <i>If sometimes or never, how can we assist while at cheer?</i>
Communicates verbally?				
Uses sign language?				
Responds to visuals for transitions?				
Use the bathroom independently?				
Indicates choice between one or more items?				
Please list and describe any strategies your son/daughter responds to positively when being redirected				
Recognizes dangers?				
Expresses fear?				
Responds to words stop/no etc. ?				
Follows directions when requested during activities?				
Runs away from activities when given directions?				
Please list and describe any additional safety concerns.				

**Athlete's Favorites**

Foods	
Singers/Music Groups	
Songs	
Movies	
Colors	
Hobbies	
Other Favorites that you would like to share!	

**List 5 topics your child enjoys to talk to about:**

1.
2.
3.
4.
5.

Other information you would like to share:

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date