



## 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.*

*Please return the completed form via e-mail to: [info@keenchicago.org](mailto:info@keenchicago.org) or  
US mail to: KEEN Chicago LLC, P.O. Box 06255, Chicago, Illinois 60606-6255.*

**Athlete's Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**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:** \_\_\_\_\_