



## PRE- PARTICPATION FORM

*Please be as detailed as possible, this helps our coaches gather information about the participant and engage them most efficiently. Feel free to use the back if needed.*

Participant Name \_\_\_\_\_

Age \_\_\_\_\_

Three adjectives to describe them:

Do they typically cooperate easily?

What are some of their favorite things or hobbies?

Please list any fears or concerns.

Does the individual have Down syndrome? If not, what is their diagnosis?

Have they been involved in fitness programming before? This could include any organized sports or other programs.

What is their preferred method of communication?

Options: Nonverbal, Sign Language, Limited (1-4 words), Full sentences/very verbal

Please elaborate on their communication skills if needed.

Medical/Health History

Any other medical concerns the coaches should be aware of?

Please use this space to provide any addition information about their behavior, physical, emotional or mental health. Please describe any physical limitations.