

# LEANDER/CEDAR PARK POP WARNER

[www.popwarnerlcp.com](http://www.popwarnerlcp.com)

## CHALLENGER FOOTBALL/CHEER PARTICIPANT INFORMATION

### PARTICIPANT INFORMATION:

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

#### PARENT/GUARDIAN 1:

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: ( ) Mother ( ) Father ( ) Legal Guardian ( ) Other \_\_\_\_\_

EMAIL ADDRESS (Program related info only; will be sent to you at this address): \_\_\_\_\_

#### PARENT/GUARDIAN 2:

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PLACE OF EMPLOYMENT: \_\_\_\_\_

RELATIONSHIP TO PARTICIPANT: ( ) Mother ( ) Father ( ) Legal Guardian ( ) Other \_\_\_\_\_

EMAIL ADDRESS (Program related info only; will be sent to you at this address): \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION (ONLY IF DIFFERENT FROM ABOVE)

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

### PARTICIPANT RECREATION AND LEISURE INFORMATION:

WHICH OF THE FOLLOWING PHYSICAL BARRIERS RESTRICT PARTICIPANT FROM PHYSICAL ACTIVITY? CIRCLE ALL THAT APPLY. LACK OF ENDURANCE LACK OF COORDINATION LACK OF MOBILITY LACK OF FLEXIBILITY LACK OF STRENGTH

WHICH HUMAN DOMAIN IS THE PARTICIPANT HOPING TO DEVELOP THE MOST AT CHALLENGER FOOTBALL/CHEER? NUMBER 1-5, 1 BEING THE MOST, 5 BEING THE LEAST.

SOCIAL \_\_\_\_\_ EMOTIONAL \_\_\_\_\_ PHYSICAL \_\_\_\_\_ COGNITIVE \_\_\_\_\_ SPIRITUAL \_\_\_\_\_

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## CHALLENGER FOOTBALL/CHEER PARTICIPANT INFORMATION

PLEASE CIRCLE ALL THAT APPLY TO THE PARTICIPANT. PROVIDE SPECIFIC INFORMATION WHERE REQUESTED. ALL INFORMATION IS VOLUNTARY AND REQUESTED ONLY TO ASSIST STAFF AND COACHES IN ASSIGNING PARTICIPANTS TO TEAMS.

### PHYSICAL

ALLERGIES

AMPUTEE (TYPE \_\_\_\_\_)

ARTHRITIS

ASTHMA CEREBRAL

PALSY

(TYPE \_\_\_\_\_)

CONGENITAL HEART DISEASE

CYSTIC FIBROSIS

DIABETES

EPILEPSY

FEEDING TUBE

HEARING IMPAIRED

TRAUMATIC BRAIN INJURY

MULTIPLE SCLERIOSIS

MUSCULAR DYSTROPHY

RESPIRATORY DISEASE

SEIZURES

(TYPE: \_\_\_\_\_)

SHUNT

SPINA BIFIDA

SPINAL CORD INJURY

(LEVEL \_\_\_\_\_)

STROKE

(LEFT/RIGHT \_\_\_\_\_)

VISUALLY IMPAIRED

HEART PROBLEMS

(TYPE \_\_\_\_\_)

POST POLIO

ARTHROGRYPOSIS

OTHER (EXPLAIN) \_\_\_\_\_

### MOBILITY

ELECTRIC WHEELCHAIR

WHEELCHAIR

CANES/CRUTCHES

INDEPENDENT

### DEVELOPMENTAL

MILD

MODERATE

SEVERE/PROFOU ND

AUTISM

DOWN SYNDROME

OTHER (EXPLAIN) \_\_\_\_\_

### LEARNING DISABILITY

PERCEPTUAL DIFFICULTY

DISTRACTIBILITY

HYPERACTIVITY DYSLEXIA

ATTENTION DEFICIT

OTHER (EXPLAIN)

### BEHAVIOR DISORDER

ACTING OUT

AGGRESSIVE SELF-

ABUSIVE

OTHER (EXPLAIN) \_\_\_\_\_

### EMOTIONAL

ANTI-SOCIAL

ANXIETY

DEPRESSION

DISORIENTATION

EATING DISORDER

NEUROSIS

PSYCHOSIS

SCHIZOPHRENIA

SUBSTANCE ABUSE

OTHER (EXPLAIN)

### COMMUNICATION

VERBAL

NONVERBAL

OTHER \_\_\_\_\_

### VISUAL FIELD

LEFT

RIGHT

BLACK OUT AREAS OF NO VISION



### BEHAVIORAL INFORMATION:

1. PLEASE EXPLAIN ANY BEHAVIORS OF WHICH COACH SHOULD BE AWARE OF: \_\_\_\_\_

\_\_\_\_\_

2. HOW DOES PARTICPANT BEHAVE WHEN UPSET OR FRUSTRATED \_\_\_\_\_

\_\_\_\_\_

3. METHODS WHICH WOULD MAKE LEARNING EASIER (Visual, Verbal, Tactile, etc.): \_\_\_\_\_

\_\_\_\_\_