



*For the Love of the Game*

# **SOUTH DELTA UNITED SOCCER CLUB**

## **SDU Screaming Eagles – Player Information Form**

\*please use the back of the page if you need more room to write

Name of Child: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Parents Names & Contact Numbers:

Emergency Contact Name and Number:

Diagnosis:

Medical Condition(s)/Allergies:

1. How does your child best respond to instruction? (Do they follow verbal instructions or visuals?)

A. With Group Instruction:

B. With Individual Instruction:

2. How does your child communicate? (verbal, with visuals, AAC, iPad \*?) If your child requires the use of an iPad will it be accompanying them to practice?



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3. What supports, language or prompts can be provided for assistance? (iPad, pictures, visual schedules)

4. How does your child ask for help? What does this behavior look like?

5a. Does your child have any behavior challenges, and how can staff best approach them? Are there specific phrase to aid self-regulation or calming strategies to promote? What are some situations or words that may trigger a behaviour?

6. Are there safety concerns for your child? (Will they stay with a group? Are they a flight risk? Physical concern or high risk of injury?)

7. How does your child respond to sensory input? (loud noises, shouts, sports whistle, being touched)

8. Are there any other ways we can support your child?



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\*please note, if your child required the use of an iPad for support, we cannot be held responsible for any damages that may occur