



Special Olympics
Minnesota
Be a fan.

The Blues – Athlete Profile

DATE: _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____

ATHLETE EMAIL ADDRESS _____ PARENT'S EMAIL _____

ATHLETE HOME PHONE NUMBER _____

AGE _____ FORM COMPLETED BY _____

RELATIONSHIP TO ATHLETE? _____

EMERGENCY CONTACT NAME AND PHONE NUMBER _____

WHAT IS YOUR (OR YOUR Athlete's) DISABILITY? _____

Please tell us a little about your Athlete? What the coaches should watch for (i.e., temper tantrums, seizures, etc. Does he/she have any experience or knowledge in this particular sport?

What are your Athlete's likes and dislikes? (Example, dislikes being touched, talk quietly to him/her, etc). What is the best way to deal with difficult behavior with your athlete?

What current medications is your Athlete taking?

**PLEASE COMPLETE AND GIVE TO THE
CURRENT SPORT COACH.**