

OAKVILLE SOCCER CLUB BREAKING BARRIERS REGISTRATION FORM



Please complete this form in order to assist us in planning inclusive, fun and engaging programming!

Player Name	
Date of Birth	
Parent/Guardian Name	
Address	
Phone Number	
Email	

Please briefly describe your player's diagnosis and how it impacts their physical, cognitive and social functions. Please detail any additional supports used (wheelchair, caregiver, etc.).

Please rate the following on a scale of 1-5, 1 being very low/short/uncomfortable and 5 being very high/long/comfortable:

	1	2	3	4	5
Level of independence (mobility)					
Comfort with the introduction of new people/surroundings					
Ability to ask for help					
Attention Span					
Verbal communication skills					

Please indicate any triggers that may make your player uncomfortable (loud noises, busy spaces, etc.).

Please share any additional information you'd like us to know prior to the program.

Please return this completed form to Leah Sherrett at lsherrett@oakvillesoccer.ca.