

Green Bay Metros

Information Sheet

Date: _____

Athlete Name: _____ Date of Birth: _____

Address: _____
City _____ State _____ Zip _____

Lives: with parent(s) _____ Names: _____ in own apt _____
in group home(name) _____
other(specify) _____

Metro Roommates: _____

Phone: (home) _____ (cell) _____

Email: _____

Is transportation a problem for you or do you have a ride?

Is athlete 18 years or older? yes _____ no _____

If yes, who is athlete's guardian(s)?

_____ self

_____ other: (relationship to athlete) _____

Name(s): _____

Address: _____

Phone: cell _____

home _____

work _____

Email: _____

Other contact person for athlete: (Name, address, phone, email
and relationship to athlete/family)

Screening Form for New Athletes

Name: _____

Address: _____

Phone Number: _____ E-mail Address: _____

Guardian Name: _____

Guardian Address: _____

Guardian Phone Number: _____ Guardian E-mail: _____

Does this athlete live with guardian? _____

If not which mailing address do we use for correspondence? _____

Has this athlete been in Special Olympics previously? _____

If so which agency? _____ Agency Manager: _____

Which sports were played? _____ What level of skill: _____

Jersey Size: _____

Personal Information:

Qualifying diagnosis: _____

Diabetic? _____ Seizures? _____ Allergies? _____

Behavioral Information: _____

Care Needs/Accommodations: _____

NOTES: (previous agency manager notes, additional parent/guardian comments, etc)

Athlete Accepted: YES NO.

If no, Why:

Agency Manager Checklist:

1. _____ Call previous agency manager.
2. _____ Send athlete/guardian packet of information.
3. _____ Contact New Family Service Coordinator.
4. _____ E-mail Carla of new athlete status.
5. _____ E-mail Madison of new athlete status.
6. _____ Received completed athlete/guardian packet of information and submit.
7. _____ Enter new athlete information into spread sheet, add to roster, add to interest to play lists, add volunteers to Class A volunteer roster.