

SPECIAL NEEDS ATHLETE FORM

Completed Special Needs Forms can be copied, but must be submitted at the registration deadline for ALL levels of competition.

Coaches who have athletes with special needs (i.e. communication limitation, hearing or visual impairment, special equipment adaptations or behavioral needs) can relay important information to the event volunteer as to how to best work with the athlete. In some cases, a coach may be allowed to be in the competition area for consultation with the volunteer(s) working with the athlete. It is important in this situation for the coach to introduce the athlete to the volunteer(s) and advise the volunteer(s) on how to work with the athlete. The coach will not be allowed to remain in competition area. **Special needs forms are intended to be an aid for the volunteer in working with the athlete and are not to be used for performance-related instructions or coaching tips.**

If you have a "Special Needs" athlete please complete the following form (one per athlete). If necessary, this information will be included on the event card. If you do not complete this form, it may be more difficult to accommodate the "Special Needs" for your athlete.

Athlete Name:
Agency Number and Name:
Coach Name:

REQUEST Day of Event Venue Volunteer

- Must obtain prior approval from Event Director (not all requests can be approved).
- Check reason(s) and provide a brief explanation below

REQUEST 1:1 Agency Volunteer – check reason(s) or provide a brief explanation below

REQUEST 1:1 State Games Housing Chaperone (non-competition related) – provide a brief explanation below

1:1 Class A Chaperone Name: _____ (must match your Coach/Chaperone Roster)

General Special Needs: (check all that apply)			
<input type="checkbox"/> Guide to/from event/start		<input type="checkbox"/> Non Verbal	
<input type="checkbox"/> Behavior issues		<input type="checkbox"/> Hearing Impaired	
<input type="checkbox"/> Wanders		<input type="checkbox"/> Visually Impaired	
<input type="checkbox"/> Unsteady on feet		<input type="checkbox"/> Seizures	
<input type="checkbox"/> Special Equipment – explain below:		<input type="checkbox"/> Medical condition that may require the administration or consumption of medication, food or liquids <u>during competition.</u> – provide a <u>brief</u> explanation below.	
<input type="checkbox"/> Other – explain below:			

Explanation: (Please be as brief as possible):
