PARTICIPANT QUESTIONNAIRE

Name: Age: Gender:

Chaperone: Relationship:

Tournament Shirts – please circle the preferred size for both the participant and chaperone

Youth S, M, or L

Adult S, M, L, XL, 2XL, or 3XL

Does your child have his/her own life jacket? Yes ☐ No ☐

Medical/Special Needs:

Does your child have allergies? Yes ☐ No ☐

If yes, please list: _____

Does your child have specific diet or food restrictions? Yes ☐ No ☐

If yes, please list: _____

Does your child have difficulty hearing? Yes ☐ No ☐

Does your child have difficulty with his/her vision? Yes ☐ No ☐

Does your child communicate verbally? Yes ☐ No ☐

If no, describe how do they communicate: _____

Does your child have sufficient core strength to sit on his/her own? Yes ☐ No ☐

Does your child use mobility equipment? Yes ☐ No ☐

Is yes, what type: _____

Does your child have aversion or difficulties with any of the following:

Loud and unexpected noises Yes ☐ No ☐

Certain textures/fabric Yes ☐ No ☐

If yes, explain: _____

Getting dirty/messy Yes ☐ No ☐

Difficulties focusing attention Yes ☐ No ☐

Being touched Yes ☐ No ☐

Please explain any other medical/special needs of your child that we should be aware of: _____

_____

_____

Favorites

Color: _____ Character(s)/show(s): _____

Activities: _____

Toys/games: _____

Snacks: _____