



**BURLINGTON SOCCER CLUB**  
3370 SOUTH SERVICE ROAD, SUITE 200/201, BURLINGTON ON L7N 3M6  
905.333.0777 + [WWW.BURLINGTONSOCCER.COM](http://WWW.BURLINGTONSOCCER.COM)

## EMBRACING ABILITY - PARTICIPANT INFORMATION SHEET

### Participant Information

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

### Emergency Contact

Name & Relationship to participant: \_\_\_\_\_

Home phone: \_\_\_\_\_ Alternate Number: \_\_\_\_\_

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### Participant Profile

Please describe your child's special needs and how they may affect your child:

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Has your child ever participated in a soccer program? If yes, please describe your experience.

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Please indicate any triggers that may create an uncomfortable situation for your child.

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Please add any additional information you may wish to share with BSC staff about your child:

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**Please Rate:** 1 being very low/difficult and 5 being very easy/independent

Level of independence/mobility	1	2	3	4	5
Ability to communicate	1	2	3	4	5
Ability to interact with new people	1	2	3	4	5

**Signature of Parent/Guardian:** \_\_\_\_\_

### Health conditions

Severe allergy AND/OR serious illnesses (list): \_\_\_\_\_  
\_\_\_\_\_

Please list any medical precautions staff should be made aware of:

	YES	NO		YES	NO
Medical Alert			Diabetes		
Cardiac Condition			Epilepsy		
Epi-Pen			Other (please specify below)		
Asthma					

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Photo/Information Release

I hereby grant the Burlington Soccer Club the right to take photographs/videos of my child/self in connection with the Embracing Ability Program. I authorize the Burlington Soccer Club to use and publish these photographs/videos in print and/or electronically. I agree that the Burlington Soccer Club may use these



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photographs/videos of my child/self for a lawful purpose, including for purposes such as publicity, illustration, advertising, and web content.

- ☐ I hereby grant the Burlington Soccer club to share this registrant's information with Special Olympics Ontario for use in their database.

**Name of Participant:** \_\_\_\_\_

**Name of parent/guardian:** \_\_\_\_\_

**Signature of parent/guardian:** \_\_\_\_\_

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*Please return this completed Participant Information Sheet to Chloe Schleichkorn by email at*

*[cschleichkorn@burlingtonsoccer.com](mailto:cschleichkorn@burlingtonsoccer.com) prior to the first day of program.*