



Monroe Special Sports & Monroe Soccer Club

Soccer Stars

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Our Staff, Coaches, Buddies, and Volunteers need to have as much information as possible to ensure a safe and successful experience for your child. Please fill out the forms as completely as you can.

PLEASE PRINT CLEARLY

Player's Name: _____ Birthdate: _____ Age: _____
 Address: _____
 Email: _____ Checked often? _____
 Phone: _____ Cell _____ shirt size _____

Parent/Guardian's Name: _____

What is the most important thing we should know about your child?

Can we contact you if we have more questions? _____ Is your child verbal? _____

Are there any behavioral concerns we should be aware of?

What is the best way to redirect your child? _____

Can your child follow simple directions? _____

Has your child ever played any sport on a team? _____ If yes, what sport? _____

Has your child ever played soccer? _____ Where? _____

What limitations does your child have, if any? _____

What is the best way to get your child to cooperate and participate?

Does your child work better with a male/female buddy? _____

A good match would be close to your child's age or much older? _____
 (We will make every effort to try and match buddies/players.)

Does your child do best when: Not touched? ____ Kept busy? ____ Directions explained repeatedly? ____
 Social clues explained and reinforced? ____ Visually shown what to do? ____ Worked with hand over
 hand? ____ Other _____

Is there any medical issues we need to be aware of? _____ On Medications? _____

- I have read and signed the covid waiver and other forms.
 Signature: _____

If there is anything else you think we need to know please continue on back or contact us directly.
 Date _____ Fee Paid: _____ Please make checks payable to: Monroe Special Sports - \$25.