FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA Challenger Program
Participant Profile

The YMCA Challenger Program is specifically organized for individuals with special needs and/or different ability levels. This information will help make their time at Challenger as successful and fun as possible.

Participant Name:_____ Gender: ____ Age: _____ DOB:_____

Address: _____ Height:_____ Weight:_____ Shirt Size:_____

City:_____ State: _____ Zip: _____ School: _____

Parent/ Guardian Name(s): _____ Primary Phone:_____

Email: _____ Secondary Phone:_____

Emergency Contact Name:_____ Relationship:_____

Emergency Contact Primary Phone:_____ Secondary Phone:_____

DISABILITY/ DIAGNOSIS INFORMATION:
Please check, list and/or circle all that apply:

- ○ ADD / ADHD
- ○ Autism Spectrum Disorder: _____ (Asperger's, PDD-NOS, Autistic Disorder, etc)
- ○ Cognitive / Developmental Delay
- ○ Genetic Disorder:_____ (Down Syndrome, Fragile X, etc)
- ○ Physical Impairment:_____ (Cerebral Palsy, Spina Bifida, etc)
- ○ Visual Impairment / Hearing Impairment
- ○ Other:_____

MOBILITY/ COMMUNICATION INFORMATION:
Please check all that apply:

- ○ Walks independently
- ○ Uses wheelchair (power or manual)
- ○ Uses walker and/or crutches
- ○ Verbal
- ○ Uses sign language
- ○ Uses communication device (tablet, picture sheet, etc)
- ○ Nonverbal

HEALTH INFORMATION:

1) Do you have asthma? YES NO
If yes, what triggers it? _____

2) Do you have any allergies? YES NO
If yes, to what?_____

3) Do you have diabetes? YES NO

4) Do you have a seizure disorder? YES NO
If yes, what kind?_____
How often? Are they controlled? Are there warning signs?
_____
_____

What obstacle might be most challenging for your participant? (physical assistance, response to a new environment, receptive to new person working with him/her, etc)

Are there goals you are working on at home/school that we can try to work on while at Challenger? (using words, patience, etc)

Is there other information that will help our team and volunteers to provide the best experience for your participant? (give extra verbal cues, allow breaks, demonstrate, just needs guidance, avoid this specific topic, etc)

Generally speaking, how much support would your participant need from a buddy? (1:1, full support, hand over hand, verbal prompts only, doesn't really need a buddy, etc)

Do you, a friend, family member, para want to be their buddy? (If yes, please provide the name)

For office use only: PH NKC BS EXSP YA FA: _____%

Received by: _____ Date:_____

Updated 30 March 2016