

WOOLLY FARMS FOUNDATION PARTICIPANT INFORMATION FORM

Participant's Name: *(First)* _____ *(Last)* _____

Parent(s) or Guardian(s) Name: *(First)* _____ *(Last)* _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Main Contact Ph#: (_____) _____ **Whose Ph#:** _____

Participant's Email Address: _____

Parent's or Guardian's Email Address: _____

Parent's or Guardian's Ph#: (_____) _____ **Whose Ph#:** _____ *(i.e. father, mother)*

Optional Contact Ph#: (_____) _____ **Whose Ph#:** _____ *(i.e. mother's work, home)*

Participant's Date of Birth: ____/____/____

Participant's Disability: _____

Allergies or dietary needs? *(i.e. food allergies)* Yes No

If yes, please list: _____

What activities/hobbies does the participant enjoy? _____

What extracurricular activities are the participant involved in and when do they meet? *(i.e. Special Olympics Basketball- Meets Mondays, 6 PM, at YMCA)* _____

How can we best help the participant enjoy Woolly Farms activities? _____

What type of (if any) noises, activities or situations bother the participant? How is that irritation/anxiety displayed?

If the participant gets overly bothered or irritated, what are some ways to help them deal with and redirect his/her behavior?

If, as a last resort, discipline is needed, what works and what does not? (If we think discipline is necessary, we will communicate this with you.) _____

Are there any physical activities or games they should not take part in? _____

How do you encourage him/her to take part in a new event that he/she has not done before? _____

Other helpful comments: _____

Thank you for taking the time to fill this "Informational Form" out. The information provided helps us know how to best serve the participants involved.