



KEEN KANSAS CITY LLC
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NEW ATHLETE ENROLLMENT FORM

(PLEASE PRINT LEGIBLY)

Please take your time in filling out this form. Be as detailed as possible and add pages as needed. Please offer specific suggestions as to how KEEN volunteers can be most effective in coaching your child. Once you return the form, the Executive Director or Program Leader will contact you to discuss your child's participation.

ATHLETE'S NAME: _____

Please enroll my child - please check the appropriate box(s)

- KEEN Tots (ages 3-5) KEEN Sports 1 (ages 6-11) KEEN Sports 2 (ages 12-18) KEEN Swim (ages 5-18) KEEN Bowling (ages 5-18)

ATHLETE/FAMILY INFORMATION

Address: _____ City: _____ State: _____ Zip Code: _____ County: _____

Date of Birth: _____ Age: _____ Gender: Male Female

School: _____

Parent/Guardian Information (please check primary contact person):

Father: _____

Mother: _____

Address: _____

Address: _____

City: _____ State: _____ Zip Code: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____

Home Phone: _____

Work Phone: _____

Work Phone: _____

Cell Phone: _____

Cell Phone: _____

E-mail: _____

E-mail: _____

Place of Employment: _____

Place of Employment: _____

Sibling(s): _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

PARENTS COMMITTEE

Would you be interested in serving on our Parents Committee? Yes No

Special skills that parents can contribute to KEEN might include: designing flyers/brochures, computer programming, fundraising, etc. Please list and/or describe any special skills that you have to offer KEEN.

ATHLETE PROFILE INFORMATION

(PLEASE PRINT LEGIBLY)

DESCRIPTION OF CHILD

Disability/Diagnosis(s): (please check all that apply)

- Autism Asperger's Syndrome PDD-NOS ADHD/ADD Down syndrome Cerebral Palsy
 Epilepsy/Seizure Disorder Muscle Disorder Spina Bifida Learning Disorder Mental Retardation
 Other (please list) _____

Strengths: (include physical, social, and emotional)

Weaknesses: (include physical, social, and emotional)

Behavior Issues:

Self Injurious Behaviors: Yes No Temper Tantrums: Yes No Aggressive (hitting, slapping, biting) Yes No

Communication: Verbal Nonverbal (please describe)

Right Handed Left Handed Toilet Trained: Yes No Pull-Ups Other: _____

MEDICAL CONCERNS/NEEDS

Please include medications and any specific procedures you wish followed in the event of a seizure, injury, or other health-related incident that might occur at a KEEN activity.

Medical Procedures:

HINTS/SUGGESTIONS FOR COACHING YOUR CHILD

Please provide calming techniques, methods of motivation, effective ways to communicate, etc.

CHILD'S FAVORITE ACTIVITIES

PREVIOUS RECREATIONAL/SPORTS EXPERIENCE, IF ANY

TARGET AREAS/SKILLS

Please provide any specific areas/skills you would like your child to target at KEEN (Examples: Learn to dribble or shoot hoops, gain balance and/or coordination, learn to jump rope, learn to catch ball, etc.)

WHAT YOU HOPE YOUR CHILD WILL GAIN FROM KEEN (Personal Goals, Socialization, etc..)?

ADDITIONAL INFORMATION

Please provide any additional information that could be important and not previously discussed in this form.

Important Note:

Each athlete must have a completed "New Athlete Enrollment Form" and "Liability & Publicity Waiver" signed, submitted, and on file to be registered and ready to participate in the KEEN Sports & Tots programs. To participate in KEEN Swim and/or KEEN Bowling, it will be necessary to complete those corresponding (Swim & Bowling) enrollment forms, also. They can be found online at www.keenkansascity.org. Once complete, please return to be registered and ready to participate in the additional KEEN programs.