

**2014-2015 RHS Unified Bocce Student Information Sheet**

Name: \_\_\_\_\_ Student ID (last 6 digits): \_\_\_\_\_

Birthday (including year): \_\_\_\_\_ Grade in School: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Parent(s) Work Phone(s): \_\_\_\_\_

Student Email Address: \_\_\_\_\_

Parent(s) Email(s): \_\_\_\_\_

Please check if the student has: \_\_\_\_\_ IEP \_\_\_\_\_ 504 Plan

If the student has a special education case manger, who is it? \_\_\_\_\_

**By signing below I agree to the following:**

- The student will adhere to all rules and regulations in regards to the RHS Unified Bocce Team, the RHS Athletics Program, and the MCPS Athletics Program.
- The student has permission to travel with the RHS Unified Bocce Team to any away contests.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Please complete the questions on the following page.

Please list any specific physical, medical or behavioral concerns, or any other special needs that may require special accommodations for Unified Bocce:

Is there any special equipment your child will need to participate in Unified Bocce?

Is your child taking any medications that the coach should be made aware? If so, please list them below.

What are your child's strengths/weaknesses?

Do you have any other concerns about your child participating in Unified Bocce?

Please rate your child in the following areas:

	Lowest					Highest
Follows directions consistently	1	2	3	4	5	
Understands directions	1	2	3	4	5	
Controls temper consistently	1	2	3	4	5	
Dresses independently	1	2	3	4	5	
Demonstrates motor control	1	2	3	4	5	
Works well with others	1	2	3	4	5	
Works well with the opposite gender	1	2	3	4	5	