



## Herndon Cal Ripken League Buddy Ball Player Information



**Player's Name:** "[Click and type name in this highlighted area.]"

**Nickname:** "[Click and type nickname or N/A in this highlighted area.]"

**Parent(s) Name(s):** "[Click and type name(s) in this highlighted area.]"

***Thank you for participating in Herndon Buddy Ball! Please provide any information that would help us understand, guide, and communicate with your child. This information will be kept confidential by the HOYB Buddy Ball Commissioner and will be shared only with coaches and buddies who work with your child. Please fill in and e-mail to [sblaisdell2008@yahoo.com](mailto:sblaisdell2008@yahoo.com) and [janajama@att.net](mailto:janajama@att.net).***

**1. Please introduce us to your child by describing his/her personality, abilities, gifts and talents, interests, or other attributes:**

"[Click and type response in this highlighted area.]"

**2. Please describe your child's disability or special need:**

"[Click and type response in this highlighted area.]"

**3. Please tell us about any physical, mobility, or sensory challenges:**

"[Click and type response in this highlighted area.]"

**4. Please share any tips on how to work with and accommodate these challenges:**

"[Click and type response in this highlighted area.]"

**5. Please describe any mental, developmental, communication, or emotional challenges:**

"[Click and type response in this highlighted area.]"

**6. Please share some helpful tips on how to affirm, guide, and communicate with your child:**

"[Click and type response in this highlighted area.]"

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**7. Please share any suggestions about how buddies and coaches can effectively respond to inappropriate behaviors:**

"[Click and type response in this highlighted area.]"

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**8. Does your child have any medical conditions, allergies, or non-apparent symptoms?**

"[Click and type response in this highlighted area.]"

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**9. Please share any other information, tips, or resources that would help us be sensitive to your child's individual needs and enhance his/her Buddy Ball experience:**

"[Click and type response in this highlighted area.]"

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**10. If appropriate, please provide contact information for any teachers, therapists, aides, or other professionals who work with your child and who might be willing to advise us and help us align his/her Buddy Ball experience with other daily instruction, routines, and behavioral strategies. Please obtain permission from the designated contact before entering information.**

"[Click and type response in this highlighted area.]"

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