



Information New Athlete MATP:

Name: _____

Age: _____

In case of emergency please contact: _____

Relation: _____ **Phone number:** _____

Before the athlete can participate in the MATP activity it would be nice if the questions below were completed by, together with or on behalf of the athlete.

Why do you want to participate in an MATP activity?	
Do you have experience with MATP or other sports?	
Which sports do you like to do or watch?	
Identify your skills, qualities and possibilities <i>For example: what are you good at, what can we learn from you?</i>	
Do you like to exercise with others or prefer to exercise alone?	
How do you communicate? <i>For example: language, gestures, icons, speech computer</i>	
How would you like to be helped: prior to the activity, during the activity, after the activity? <i>For example: when you are getting changed or going to the toilet.</i>	

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<p><i>Also, is guidance from a person you know and trust important for you?</i></p>	
<p>Are there aids that you need before, during or after exercise? <i>For example: wheelchair, lift, walker</i></p>	
<p>What motivates you during exercise? Are there things that can bother you while exercising? <i>For example: sound, music, applause</i></p>	
<p>Are there any physical aspects we should know about you? <i>For example: hearing, visual ability, epilepsy, heart problems, feeding tube, allergies</i></p>	
<p>Are you taking medications that we should know about when you are exercising?</p>	
<p>What else do you think is important that we know about your disability?</p>	
<p>Is there anything else that you think is important for us to know? <i>For example: what's your favourite colour, your nickname, family/living situation</i></p>	