

# USAD® Pentathlon Special Needs Form

STUDENT NAME: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SCHOOL PHONE: \_\_\_\_\_

SCHOOL FAX: \_\_\_\_\_

COACH(ES): \_\_\_\_\_

NATURE OF STUDENT'S DISABILITY: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Students with allergies (e.g., food, skin, etc.) will give his/her normal care to these allergies.

Please attach a copy of IEP and history of how student has been accommodated at previous competitions.

\_\_\_\_\_  
Coach's Signature

\_\_\_\_\_  
Date

**Forms must be received by February 8, 2010 to:**

**USAD  
P.O. Box 1834  
Council Bluffs, IA 51502-1834  
Phone: 712-366-3700  
No FAXES Please**