

# Young Athlete Event



Please complete the information below and return to Jennifer Grantham at  
jennifer@specialolympicsarkansas.org or by fax at 501-771-1020

Contact Date: \_\_\_\_\_

Agency/School: \_\_\_\_\_

Meeting Date: \_\_\_\_\_

Contact Person:

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

# Young Athlete Field Day Event Checklist



- Present them with Young Athlete Packet
  - Circuit training layout
  - Activities guide
  - Live healthy booth information
  - Business cards
  - In red folders
  
- Event Date\_\_\_\_\_
  
- How many Young Athletes will be at the event?\_\_\_\_\_
  
- How many Volunteers do you need?\_\_\_\_\_
  
- Identify your live healthy booths
  - Nutrition
  - Dental
  - Hydration
  - Sun Safety
  - Hand washing
  
- Does the school/agency have dieticians or nurses that would like to help with some of the Live Healthy booths?
  
- Will parents come and volunteer?
  
- Will your staff, teachers, aids, therapists be willing to help at the stations?
  
- Tour the event site. Is it a good place to have all stations?
  
- Signs, banners
  
- Contact person
  - Agency name\_\_\_\_\_
  - Contact name\_\_\_\_\_
  - Phone number\_\_\_\_\_
  - Email address\_\_\_\_\_

# Day of Event Checklist



- Station Directions for Circuit
  - Are they in plastic?
  - Do you have one for every event you are having?
  
- Young Athlete Equipment
  - Young Athlete Kit
  - Strider Bikes
  - Any other events you plan to add. (little tyke basketball, baseball tee and ball)
  
- Live Healthy
  - Material /collateral for booths you are having
    - Nutrition
    - Apples
    - Bananas
    - Nutrition kit (plate and fake food)
  
  - Dental
    - toothbrushes
    - tooth paste
    - Dentist? Stuffed animal with big teeth and big toothbrush
  
  - Hydration
    - bottles of water
  
  - Sun Safety
    - chapstick w/spf,
    - sun screen
    - Baby doll to show how to apply sun screen
  
  - Handwashing
    - Hand sanitizer
    - Sink to wash hands
  
- Did you contact the extension office?
- Signs and Banners
- Awards
- Volunteer Certificates

# Young Athletes Field Day Summary



Date: \_\_\_\_\_

Location: \_\_\_\_\_

Please answer the following questions below with 1 being not positive and 5 being very positive.

1. Quality of the Activities?

1      2      3      4      5

2. Stations appropriate for ages and abilities?

1      2      3      4      5

3. Were the athletes engaged?

1      2      3      4      5

4. Were the volunteers helpful?

1      2      3      4      5

5. Did we provide quality equipment?

1      2      3      4      5

6. Was the Special Olympics Arkansas staff helpful?

1      2      3      4      5

7. Did the event flow smoothly?

1      2      3      4      5

8. Rate your overall experience.

1      2      3      4      5

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_