

Age Play Negotiation Form

Sometimes people ask me how they can find or develop their own inner little to play. There is no right or wrong way to do so, and I encourage everyone to find his or her own way. That said, I thought it would be fun to write a bit of a "negotiation form" for it. Take what works and throw the rest to the side or rewrite it! If you want to play multiple roles, you'll have to do this list of questions for each role. This is sort a negotiation form for age play that you do with yourself, but can obviously share with a partner. It is incomplete, as any list involving complex human interaction MUST be. Consider this a starting point that will help you to think about what you want, rather than a list of all possibilities. Use it as a springboard for better communication with yourself about what you're after and to remind you of what to talk to a partner about.

WARNING: This form is written with sexual, BDSM, and ADULT ideas and language included.

Gender ID: _____

What gender do you want to play? (This doesn't necessarily mean it is the gender you feel you are or want to someday be.)

Boy Girl

Are you a transsexual?

Yes No

Are you a transvestite?

Yes No

Are you into gender bending?

Yes No

What does the gender role you want to play mean to you?

Do you need a partner to "transform" you into the gender you want to play?

Yes No

If so, does that transformation need to include being "forced" to transform?

Yes No

What do you need in order to feel like you are playing the gender you wish?

Rating:

If your play was a movie, what rating would you want it to have?

G PG XXX

Name: _____

What do you want to be called in role? _____

What nicknames are okay? _____

Personality:

Bratty Well mannered Happy Studious
 Other :

Sex

Do you want sexual contact to be a part of your play? Yes No

If so, what types:

Kissing?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hugging?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Frottage?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Sexual fondling?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Vaginal sex?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Oral sex?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Anal sex?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Fisting?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Masturbation?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Sex toys?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other?				

What birth control/safe sex methods are okay for play (if applicable)?

Body image:

Are there any things about your body that you want to ignore during play or imagine are different than they are? Yes No

If so, which ones:

Size?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Breasts/Chest area?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Penis?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Vulva?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Language:

Will you be verbal or nonverbal during play? Verbal Non Verbal

If you are nonverbal:

Will you be completely silent?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Make sounds (giggles, crying, screaming, squealing, grunting)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Will you make gestures? (pointing, clapping, sign language)? Yes No

If you are verbal:

Will you use improper language? Yes No

If so, what sort:

Baby language/improper pronunciation? (pwееееase, no dat mine, want da fing) Yes No

Improper grammar? (Me goes to the kitchen.) Yes No

Substitution of baby words for proper words? (binky for pacifier, pee pee for urine) Yes No

Will you use a different voice? If so, how will it be different? Yes No

Pitch? Yes No

Speed? Yes No

Speech Impediment? Yes No

Whiney? Yes No

Giggly? Yes No

Bratty? Yes No

Other?

Can YOU use swear words? Yes No

If so, what type?

Childish (Darn doody poop face!) Yes No

Mild (CRAP!) Yes No

Moderate (Son of a bitch!) Yes No

Heavy (Fuck you!) Yes No

lil' Porn star (Fuck my cunt bitch!) Yes No

Can YOU use body part labels? Yes No

Childish (This is my whowho.) Yes No

Medical (This is my vulva.) Yes No

Naughty (This is my cunt.) Yes No

Do you want your language to be:

Lovingly Corrected? Yes No

Punished? Yes No

Encouraged? Yes No

What sort of language do you want your PARTNER to use?

Can THEY use swear words? Yes No

If so, what type?

Childish (Ding darnit!) Yes No

Mild (CRAP!) Yes No

Moderate (shit!) Yes No

Heavy (Fuck!) Yes No

Porn star (I'm going to fuck you hard bitch) Yes No

Can THEY use body part labels? Yes No

Childish (This is your whowho) Yes No

Medical (This is your vulva) Yes No

Naughty (This is your cunt) Yes No

Can you raise YOUR voice? Yes No

Can your PARTNER raise their voice? Yes No

Discipline and/or humiliation:

Do you want to be disciplined or humiliated in role? Yes No

What sort of situations will call for discipline or humiliation?

Not listening or following instructions? Yes No

Being sexual? Yes No

Not being sexual? Yes No

Using bad language? Yes No

Not finishing chores? Yes No

Other?

Do you want the discipline or humiliation to have an erotic element? Yes No

Explain

Is sort of discipline or humiliation is okay? Yes No

Verbal? Yes No

Yes/No? Yes No

Affectionate verbal? (Don't do that sweetie) Yes No

Cold verbal? (Don't do that) Yes No

Abusive/threatening verbal? (Don't fucking do that) Yes No

Physical? Yes No

Grabbing? Yes No

Pinching?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Shaking?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Biting?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Slapping?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Pulling Hair?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Pushing?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Spanking?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Caning?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Paddling?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Strapping?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Birching?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Enema?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Diapering?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hairbrush?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Spoon?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Torture?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Panty gag?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other?				

Watersports and scat

Urination	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
In diaper?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
In bed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
In underwear?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
In toilet?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
On someone?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

While being observed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Being urinated ON?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Drinking urine?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Playing in urine?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Scat	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
In diaper?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
In bed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
In underwear?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
In toilet?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
On someone?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

While being observed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Being pooped ON?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Eating poop?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Playing with poop?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Enemas?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

How much fluid? _____

What type of fluid? _____

What equipment? _____

Expel alone? Yes No

Expel while being watched? Yes No

Fetish or BDSM elements:

Do you want SM or bondage to be a part of your play? Yes No

If so, what types?

(This might take a whole negotiation sheet dedicated to BDSM. There is an online negotiation forms that can help you with this part at [BDSM Checklist](#))

Is there a fetish material that needs to be involved? Yes No

If so, what type?

Plastic? Yes No

Rubber? Yes No

Latex? Yes No

Leather? Yes No

Cloth Diaper Material? Yes No

Silky Slip? Yes No

Other? Yes No

Roles:

Age range?

Baby (0-2yrs old) Yes No

Toddler (2-4yrs old) Yes No

Kindergarten Kid (5-6yrs old) Yes No

School Girl (7-12yrs old) Yes No

Young Teen (13-15yrs old) Yes No

Older Teen (16-18yrs old) Yes No

Can your role be "related" to your partner?

(i.e...daughter, son, niece) Yes No

What role appeals to you the most? (daughter, neighborhood kid, student) _____

What role that your PARTNER could play would appeal most to you? (Mother, Uncle, Neighbor, Teacher) _____

Situations:

Classroom? Yes No

Nursery? Yes No

- | | | | | |
|--|--------------------------|-----|--------------------------|----|
| Bedroom? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Bath time? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Kidnapping? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| "Forced" (meaning PRETEND to be forced) to do things? other? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Props:

What sort of props will help you into role?

- | | | | | |
|-------------------|--------------------------|-----|--------------------------|----|
| School Desk? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Toys? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Games? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Room decorations? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Clothing:

- | | | | | |
|-----------------------------|--------------------------|-------|--------------------------|------------|
| Under things | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Diapers? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| If so, Cloth or Disposable? | <input type="checkbox"/> | Cloth | <input type="checkbox"/> | Disposable |
| Plastic pants? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Panties? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Filly, cartoons, or plain? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Ultra femme or boyish? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Bra? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Undershirt? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Corset? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Crinoline? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Stockings? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Slips? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Socks? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Other? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

- Outer clothing
- Filly, cartoons, or plain? _____
- Ultra femme or boyish? _____
- Dresses? _____
- Pants? _____
- Shirts? _____
- Overalls? _____
- Shoes? _____
- Other? _____

- | | | | | |
|-------------|--------------------------|-----|--------------------------|----|
| Accessories | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Earrings? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Hat? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |
| Tiara? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No |

Bracelet?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Ring?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Necklace?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Ribbons?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hair barrettes or ties?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Shoe laces?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Harness?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Pacifier?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Bottle?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Blanket	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Other?				

Safe Word:

What verbal safe words will you be using for:

- "Getting close to the limit, be careful" _____
- "Stop immediately!" _____
- "The physical elements of this play are disturbing me." _____
- "The emotional elements of this play are disturbing me." _____

What nonverbal safe words will you be using for:

- "Getting close to the limit, be careful" _____
- "Stop immediately!" _____
- "The emotional elements of this play are disturbing me." _____

Nature of relationship:

What does this role mean to you?

Do you intend to be in role only when in scene, or do elements extend beyond scene? If so, which ones?

What sort of commitment is desired?

Describe an ideal situation in which you'd be little, and how you would feel.

Describe your ideal partner and how they would feel about your inner little.

What are some things left off of this list that are important to you?