

PLAYER PROFILING FORM – ELITE



Sections 1 to 5 to be completed by player. Section 6 to be completed by Coach.

1. PERSONAL DETAILS

Name: _____ Date of birth: ____ / ____ / ____
Address: _____
Telephone: _____ Email: _____

2. NEXT OF KIN (emergency purposes only)

Name: _____
Address: _____
Telephone: _____ Mobile: _____ Relationship: _____

3. HEALTH HISTORY (Do you have any medical condition(s)/disability?)

Condition/disability/allergy e.g. asthma, epilepsy, anaemia, haemophilia, viral illness, bee stings _____
Medication e.g. tablets, inhalers, creams (give drug name) _____
Dose/Frequency e.g. twice daily, only with symptoms _____

4. INJURY HISTORY (List any injuries you've had in the past three years (e.g. concussion, fracture, sprains, strains), when they happened and the treatment you received)

What was the injury and when did it happen? _____
What treatment was given? _____
Who provided the treatment? _____
Current status of the injury? _____

5. LIFESTYLE ASSESSMENT (What other sports/activities are you involved in?)

What is your occupation? e.g. builder, nurse, at school, at university _____
Do you have access to the following? Circle those that you have access to: A gym A pitch (outside of training) The internet
What other activities/sport do you take part in? _____ For how many hours per week? _____

6. PHYSICAL ASSESSMENT

Height in cm: _____ Weight in kg: _____ Dominant foot: _____

Soccer-specific endurance	Yo-Yo Intermittent Recovery test	Level/shuttle: ____ / ____ Distance (m):
Speed	30 metre sprint test (best of 2 trials)	5m split (s): 10m split (s): 20m split (s):
Agility	Illinois agility test (best of 2 trials)	Time (s):
Lower body power	Vertical jump (best of 2 trials)	Right foot (cm): Left foot (cm): Both feet (cm):

It is recommended that players also undergo a full musculo-skeletal screening which will address muscle strength, flexibility, balance and coordination.

Signatures: Player _____
Coach _____
Follow-up date: ____ / ____ / ____

