

# PLAYER PROFILING FORM – SMALL WHITES

To be completed by parent or guardian and signed 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 (Does the player 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 the player has had in the past three years (e.g. concussion, fracture, sprains, strains), when they happened and the treatment they 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 is the player involved in?)

Activity/sport \_\_\_\_\_ How many practices/games a week \_\_\_\_\_ Time per week \_\_\_\_\_  
Has the player played football before?  Yes  No  
If yes, when/year? \_\_\_\_\_ School/club? \_\_\_\_\_  
How will the player get to and from games? \_\_\_\_\_  
Does the player have appropriate protective equipment for football e.g. shin pads?  Yes  No

Signatures: Parent / Guardian \_\_\_\_\_  
Coach \_\_\_\_\_  
Follow-up date:    /    /   

