

PLAYER PROFILING FORM - SENIORS



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?)

Activity/sport _____ How many practices/games a week _____ Time per week _____
How long have you been playing football? _____
Do you have appropriate protective equipment for football e.g. shin pads, correct footwear? Yes No

6. PHYSICAL ASSESSMENT

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

Football-specific endurance	Yo-Yo Intermittent recovery test	Level/shuttle: ____ / ____	Distance (m): _____
Speed	30m sprint (5, 10 and 20m split times if possible)	Best of 2 trials (s): _____	
Agility	Illinois agility test	Best of 2 trials (s): _____	
Lower body power	Vertical jump (off left, right & both legs if possible)	Best of 2 trials (cm): _____	
Core strength	Prone bridge	Time (s): _____	
Upper body strength	Push-ups in 1 minute	Number: _____	

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

