

PLAYER PROFILING FORM – JUNIORS



Sections 1 to 5 to be completed by parent or guardian. 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 (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

6. PHYSICAL ASSESSMENT

Height in cm: _____ Weight in kg: _____

Aerobic Endurance	e.g. Yo Yo test score	
Speed	e.g. time over 10 and 40 metres	
Agility	e.g. M drill or Illinois test time	
Balance	e.g. Stork test time	Left: _____ Right: _____
Strength	e.g. Push-ups in 1 minute	

Signatures: Parent / Guardian _____
Coach _____
Follow-up date: ____ / ____ / ____

