



UNITED STATES YOUTH SOCCER

Proud Member of the United States Soccer Federation, Inc.

OLYMPIC DEVELOPMENT PROGRAM

INDIVIDUAL PLAYER PROFILE

Date: _____

PERSONAL

Player's Full Legal Name: (no nicknames) _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone (_____) _____

Parent Email address: _____ Player Email address: _____

Parent's Work Phone (_____) _____ Date Of Birth: _____

Place Of Birth: _____ U.S. Citizen [] Y [] N Passport # _____ Exp. Date _____

Nearest Major Airport (Home): _____ School: _____

Local Newspaper: _____ Contact: _____

Mailing Address: _____ Phone (_____) _____ Fax (_____) _____

ACADEMIC

Name Of School: _____ Grade: _____ Year Of Graduation _____

Grade Point Ave: _____ SAT Verbal: _____ SAT Math: _____ SAT Composite: _____ ACT: _____

Are You Now Attending School Away From Home? [] Y [] N

If Yes, Give Address At School:

Street: _____ City: _____ State: _____ Zip: _____

Special School Related Activities (Non-Athletic): _____

Interested Areas Of College Study: 1st Choice _____ 2nd Choice _____

SOCCER BACKGROUND

State Team: _____ Regional Team: _____

National Team: _____ Regional Camp: _____

Position(S) Played: Primary: _____ Secondary: _____

State Association: _____ State Team Coach: _____

US Youth Soccer Club Team

Name Of Club _____ Number Of Years: _____ Home Phone (_____) _____

Club Team Coach: _____ Position(S) Played: _____

High School Team

Years Of Experience: Junior Varsity: _____ Varsity: _____ Home Phone (_____) _____

High School Coach: _____ Position(S) Played: _____

College Team

Years Of Experience: Junior Varsity: _____ Varsity: _____ Home Phone (_____) _____

College Coach: _____ Position(s) Played: _____

I hereby give my permission for the Regional/National Administrator to provide this information to any college coach upon written request.

Player's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____