

2009



UNITED STATES YOUTH SOCCER
Proud Member of the United States Soccer Federation, Inc.
OLYMPIC DEVELOPMENT PROGRAM
INDIVIDUAL PLAYER PROFILE

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: _____