

Administration – Sample Player Questionnaire

SEASON: _____

TEAM

ORGANIZATION

COACH

PLAYER QUESTIONNAIRE

(To be completed with Parent or Guardian)

PLAYER'S NAME: _____

ADDRESS: _____

BIRTHDATE: _____

CURRENT AGE: _____

NICKNAME/CALL BY: _____

HOME PHONE: _____

CALLING RESTRICTIONS, IF ANY: _____

PLAYER'S CELL PHONE: _____

APPROVAL TO CALL PLAYER'S CELL PHONE (Y/N): _____

PLAYER'S E-MAIL ADDRESS: _____

APPROVAL TO SEND E-MAIL TO THIS ADDRESS (Y/N): _____

MOTHER'S NAME: _____

MOTHER'S CELL PHONE: _____

MOTHER'S WORK PHONE: _____

CALLING RESTRICTIONS, IF ANY: _____

MOTHER'S HOME E-MAIL ADDRESS: _____

MOTHER'S WORK E-MAIL ADDRESS: _____

E-MAIL RESTRICTIONS, IF ANY: _____

FATHER'S NAME: _____

FATHER'S CELL PHONE: _____

FATHER'S WORK PHONE: _____

CALLING RESTRICTIONS, IF ANY: _____

FATHER'S HOME E-MAIL ADDRESS: _____

FATHER'S WORK E-MAIL ADDRESS: _____

E-MAIL RESTRICTIONS, IF ANY: _____

ANY KNOWN MEDICAL CONDITIONS OR ALLERGIES: _____

DOES PLAYER NORMALLY WEAR GLASSES OR CONTACT LENSES? Yes No

PREVIOUSLY REGISTERED? Yes No Don't Know

IF PREVIOUSLY REGISTERED, PLAYER ID NUMBER: _____

PLAYER'S SOCCER EXPERIENCE: _____

MOST RECENT COACHE'S NAME AND PHONE # _____

SOCCER CAMPS ATTENDED, IF ANY: _____

PLAYER'S PREFERRED POSITION, IF ANY: _____

PLAYER'S PREFERRED JERSEY NUMBER, IF ANY: _____

FRIENDS WITH TEAMMATES (FIRST AND LAST NAMES): _____

POSSIBLE CAR-POOL ARRANGEMENTS WITH: _____

AVAILABILITY FOR POSSIBLE TOURNAMENTS: (Please Circle)

MEMORIAL DAY WEEKEND	Yes	No
LABOR DAY WEEKEND	Yes	No
COLUMBUS DAY WEEKEND	Yes	No
VETERANS' DAY WEEKEND	Yes	No
THANKSGIVING DAY WEEKEND	Yes	No

SIGNATURE: _____

DATE: _____

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