

PLAYER PROFILE

YOUTH 13-19 YEARS



The Youth Player Profile is an information tool used to assist the coach in developing a picture and understanding of their players, including; parent and emergency contacts, football history and other sports played plus medical and health history. This Youth Player Profile should be completed by the coach with the player, at the start of each season and added to as required throughout the season to keep all information up to date. All information in this profile is confidential to coaching and management, player and parents.

1. PLAYER DETAILS

FULL NAME:

ADDRESS:

DATE OF BIRTH:

MOBILE:

EMAIL:

2. PARENT/CAREGIVER (Parent details and next of kin)

FULL NAME:

ADDRESS:

RELATIONSHIP:

MOBILE:

EMAIL:

3. PARENT/CAREGIVER (Parent or alternative emergency contact)

FULL NAME:

ADDRESS:

RELATIONSHIP:

MOBILE:

EMAIL:

4. SCHOOL INFORMATION (If applicable)

SCHOOL ATTENDING:

GRADE/YEAR: (as at 1 Jan)

SCHOOL SPORTS PLAYED THIS YEAR:
(List grade or social/competitive)

ARE YOU COACHING ANY TEAMS:
(If yes please give details)

Y / N

PLAYER PROFILE YOUTH cont...

5. TERTIARY INSTITUTE (If applicable)

INSTITUTE ATTENDING:			
STUDY/COURSE: (as at 1 Jan)			
TERTIARY SPORTS PLAYED THIS YEAR: (List grade or social/competitive)	SPORT	SEASON	SOCIAL/COMPETITIVE
ARE YOU COACHING ANY TEAMS: (If yes please give details)	Y / N		

6. WORK (If applicable)

ORGANISATION:	
TYPE OF WORK:	

7. CLUB (If applicable)

CLUB NAME:	
GRADE: (as at 1 Jan)	
ARE YOU COACHING ANY TEAMS: (If yes please give details)	Y / N

8. HEALTH & MEDICAL HISTORY

Are there any medical conditions or allergies to be aware of? Including medications you may be taking.

CONDITION (eg asthma, allergies, epilepsy, diabetes etc?)	MEDICATION (eg inhalers, tablets? – give names)	FREQUENCY (eg twice a day, only with symptoms, dose?)

9. MEDICATION

Y / N

Do you carry any essential medications with you:
(If yes please state here)

PLAYER PROFILE YOUTH cont...

10. INJURY HISTORY (ie. significant injuries such as ACL)

List any injuries the player has incurred in the past 2 years, including treatment and current state of the injury.

WHAT WAS THE INJURY? (eg strained ankle)	WHEN DID IT HAPPEN?	WHAT TREATMENT DID YOU GET? (RICED, no other treatment, physio)	CURRENT STATUS OF THE INJURY? (eg fully recovered)	TIME OUT OF SPORT?

11. MEDICAL PROVIDERS (ie physio, doctor)

Clinic & practitioners name:

Clinic & practitioners name:

Clinic & practitioners name:

12. FOOTBALL HISTORY

How many seasons/years has the player played football?

Player preferred position is?

Football grades played in?

13. OTHER SPORTS OR ACTIVITIES?

Outline other sporting activities the player is involved in?

ACTIVITY / SPORT	PRACTICES WEEKLY (Day & Time/Duration)	GAMES WEEKLY (Day & Time/Duration)

14. WEAR & GEAR

Do you have correct safety gear for football, including:

goalkeeping gloves Y / N

football boots / futsal shoes Y / N

shin guards / pads Y / N

15. PLAYERS GOALS FOR THE SEASON

List two things you would like to improve or get better at this season. List 2-3 player goals for the season ahead.

16. COACHES NOTES additional notes and/or updates on players.