PLAYER PROFILE FORM

General Information

Child's Name_____ Birthdate___/___/____ Age_____ Sex_____

Grade_____ School_____

Parent(s)/Guardian(s) Name(s): _____/_____

Primary Email_____/_____

Cell phone (only if you want to receive text messages about canceled practice) _____

Brief description of player, i.e. players experience with organized sports, personality traits, and a list of positive reinforcements that are used to motivate the player.

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Please note: The information provided will be used to partner players with their peer coach and coach. Of course, adjustments can and will be made as needed through the season but your assistance is key to making this a successful year for the entire TOPSoccer Family. We thank you in advance for taking the time to fill out this form.