



Player Questionnaire



Player Information

Name (Last, First, Middle): _____

Age: _____ Date of Birth: ____/____/____

Height: ____ft ____in Weight: _____ pounds

Academic Information

Grade: _____ GPA: _____ Class Rank: _____ out of _____ ← Coach will fill in

SAT Scores: Math _____ Verbal _____ Taken: ____/____/____

Soccer Information

Experience: (Circle Highest) Club FS 2FS VL 2VL 3VL

Club Team: _____ Club Coach: _____

Uniform Number: _____ Position: GK D M F Varsity Frosh/soph

Other school activities or sports: _____

Player Honors (Be specific)

Academic: _____

High School Soccer: _____

Other High School Sports: _____

Club Soccer: _____



Player Questionnaire



Player Favorites (Be specific)

Soccer Team: _____

MLS Team: _____

Soccer Player: _____

Sport besides soccer: _____

Non-Soccer Sports Team: _____

Actor: _____

Actress: _____

Movie: _____

Music Artist: _____

Last CD Bought: _____

Best book you've read: _____

TV Show: _____

Class taken at YVHS: _____

Teacher: _____

Most memorable moment on a soccer field: _____

Most embarrassing moment on a soccer field: _____

Superstitions: _____

Best part of your game: _____

Part that needs improvement: _____