



National Training Centre Females Player Profile Form

Personal Data (this information is being collected in accordance to the Privacy Policy established by The Ontario Soccer Association)

Last Name:		First Name:	
Address:			
City:		Postal:	
Phone 1:		Phone 2:	
Place of birth (City, Country):		D.O.B. (DD/MM/YY):	
Citizenship: Passport Number:		Email:	
Health Card #:			
Emergency Contact:		Emergency Phone:	
Sport Related Data			
Present Club:		Club Coach:	
Position:		Coach's Phone:	
Previous Clubs:	1.		
	2.		
Injuries to Date:	1.		
	2.		
	3.		
Medical Data			
Family Doctor:		Doctor's Phone:	
Allergies:			
Medication currently being taken:			
I give permission for representatives of Sport Injury & Rehabilitation Centre (SIRC) to manage any health related issues that may arise while with the Regional, Provincial, or National Training Centre Programs.			
Player's Name:			
Parent/Guardian Name:			
Parent/Guardian Signature:		Date (DD/MM/YY):	
Player Media Release The Ontario Soccer Association requests the permission of parent(s) / guardian(s) and players to be given the right to use photographic, audio-visual, and visual material from players participating in The Ontario Soccer Association Regional, Provincial or National Training Centre Programs for non-commercial purposes within the frame-work of the OSA.			
_____ Parent / Guardian Signature		_____ Date	
_____ Player Signature		_____ Date	