PLAYER PROFILE FORM

NOTE: FILL OUT AS MUCH INFORMATION AS YOU CAN. THIS WILL HELP US GIVE THE MOST ACCURATE ASSESSMENT OF YOUR ABILITIES

PLAYER INFURI	MATION			
FULL NAME:				
(Parent's name				
Position(s)				
Age:	Height:	Weight:	Hands:	
Wing Span	Arm Length:	Broad Jump	Hands: 40 Time	
Vertical Jump	Bench p	ress		
Current (last)Tea	am:			
School/College				
List any medical	l problems or concerns (for training only)		
Stats				
Honors/Award	ds/Achievements			
Ctronath	ovalain como of w	our boot akilla and/or	abilities (for training onl	w)
Sirengin	explain Some of yo	our best skills allu/or o	abilities (for trailing only	у)
Weakness	skills and/or abil	ities vou would like to	improve on (for training	a only)
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