



Olympic Development Program

Region I GIRLS ODP Player Profile Form

PERSONAL INFORMATION

FULL NAME _____ Date of Birth (month/day/year) _____ Sex _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Email _____

Father's Name _____ Cell Phone _____ Email _____

Mother's Name _____ Cell Phone _____ Email _____

US Citizen Yes _____ No _____ If No, Print state Country of Citizenship _____

Do you have a Passport? Yes _____ No _____ If Yes list Passport Number _____ Expiration Date _____

ACADEMIC INFORMATION

School Name _____ Grade _____ Graduation Year _____

Grade Point Average _____ SAT Test Score _____ ACT Test Score _____

College Academic Interests _____ Clearing House Registration # _____

SOCCER BACKGROUND

CLUB _____ TEAM NAME _____

Years with Club _____ US Youth Soccer State Association _____

Primary Field Position _____ Other Field Positions _____

US YOUTH SOCCER ODP INVOLVEMENT

District _____ State _____ Regional _____ Other _____

SOCCER HONORS & AWARDS

Club _____

High School _____

Other _____

ACADEMIC HONORS & AWARDS

High School _____

Other _____

HOBBIES & INTERESTS

Please List _____
