



COLUMBUS SKI CLUB

Soccer Questionnaire

For New Players



Player Name: _____ **Email Address:** _____

Main Contact Number: _____ **Sub List Only:**

Individual(s) that referred you the league? _____

1. Have you ever play soccer before? YES NO

If Yes:

- Where? _____
- When? _____
- How long? _____
- What position(s)? _____

2. Have you ever played another sport? YES NO

If Yes:

- What sport _____
- When? _____
- How long? _____
- What Position? _____

3. On a scale from 1 to 5, please rate playing ability:

1- Beginner 2 - Played Some 3 - Average Abilities 4 - Some Strong Abilities 5 - Strong Overall

4. Please rate the following positions:

Position	Preferred	Like	Dislike But Will Play	Will NOT Play
Forward				
Mid Field				
Defense				
Goalie				