

Players Name: _____

Position Played* 

N/A

What is your current age?*
(What is your current age?)

Make a Selection

What is your parent's email?*
(What is your parent's email?)

List any other players you are
applying with.*
(List any other players you are
applying with.)

What positions do you play?
(check all that apply)*
(What positions do you play?
(check all that apply))

- Defense
- Center Midfield
- Wide Midfield
- Forward
- Goalkeeper

What is your current juggling
record?*

Rate yourself (1 low to 10 high)
on 1v1 moves.*
(Rate yourself (1 low to 10 high)
on 1v1 moves.)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Rate yourself (1 low to 10 high)
on 1v1 defending.*
(Rate yourself (1 low to 10 high)
on 1v1 defending.)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

Rate yourself (1 low to 10 high)
on your ball control with your
weak foot.*
(Rate yourself (1 low to 10 high)
on your ball control with your
weak foot.)

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10

What is your primary strength
on the field?*

Make a Selection

What is your favorite part of
soccer?*

What is your least favorite part
of soccer?*

Would you rather be the...*
(Would you rather be the...)

- Top 1/3 player in YOUR age group
- Bottom 1/3 player in the NEXT OLDER age group

Why would you like to attend
the Barcelona Academy Camp?*

(Why would you like to attend
the Barcelona Academy Camp?)