Heartland Community College
Athletic Department – FRC 2011
1500 West Raab Road
Normal, IL 61761
Athletic Office: 309-268-8355
Athletic Email: Amanda.Barnard@heartland.edu
Coach Email: Bodo.Fritzen@heartland.edu

Heartland Hawk Men's Soccer Player Profile

Full Name: _____
Last First Middle

Birth date:_____ Age:_____

High School: _____ Graduation Date:_____

Position(s): _____ HT:_____WT: _____

ACT: _____ GPA: _____ Class Rank:_____

Home Address: _____
Street City State Zip

Cell phone: ( )_____ Email Address: _____

Parents Names: _____ _____

Telephone: ( )_____ ( ) _____

Parents Occupations: _____ _____

Parents Email: _____ _____

Do you/your parents have health insurance coverage that you are covered under? Yes / No

**Who is your health insurance provider? _____

High School Coach: _____ Telephone: ( )_____

Club Soccer Team: _____ Coach: _____ Phone: _____

Other schools you are considering: _____

Schools that you have visited: _____

Comments: _____

_____

_____

**Must have Primary Health Insurance Coverage to attend Heartland Community College as an athlete