

DOPING CONTROL PROGRAM SPORT PROFILE

SPORT: Men's Football: or Men's Hockey: [Click for Instructions](#)

Name of University:

Name of Head Coach:

Tel (w): Tel (h):
(optional)

E-Mail:

Name of Team Therapist:

Tel (w): Tel (h):
(optional)

E-Mail:

Pre-Season and Out-of-Season Training Camps and Practice Sessions

Please indicate your pre-season and out-of-season start and end dates, including both the month and day (eg. Aug. 3rd- Sept. 7th):

Pre-season and out-of-season training location(s) (please provide complete addresses):

Pre-season and out-of-season training times: (please specify the days & times of the week , eg. Monday 4-6; Wednesday 7-9):

Regular Season

Please indicate your regular season start and end dates, including both the month and day (eg. Sept. 12th – Nov. 22nd):

Regular season training location(s) (please provide complete addresses):

Regular season training times (please specify days & times of week, eg. Tuesday 7-9; Thursday 4-6):

(INCLUDE COMPETITIVE SCHEDULE IF POSSIBLE)