

Age Group

Team (Staff Only)

Tryout #



# Player Evaluation Form

|   |  |
|---|--|
| <b>Player's Last Name:</b>  | <b>Player's First Name:</b>  |
| <b>Email #1:</b>  |  |
| <b>Parent Names:</b>  | <b>Parent Cell Phone:</b>  |
| <b>What other activities are you involved in?</b>   |  |
| <b>Age Group:</b>   | <b>What grade are you in?</b>  |
| <b>Date of Birth:</b>   | <b>Position:</b>   |
| <b>School:</b>  | <b>What other sports do you play?</b>  |
| <b>*Will parent allow player to travel to the following?</b>  | <b>YES or NO (circle one) (REQUIRED)</b>   |
| National OR Elite team, will the player be able to attend 2 National Qualifiers, 3 Region Qualifiers, 2 out of region tournaments & the Regional Championships? | <b>**If you do not want your child to travel to all of the above please circle NO...circling YES does not guarantee placement on a National or Elite team.</b> |
| <b>To be completed by the Next Level Staff:</b>   |  |
| <b>Additional Comments:</b>   |  |
| <b>Passing:</b>   |  |
| <b>Serving:</b>   |  |
| <b>Setting:</b>   |  |
| <b>Attacking:</b>   |  |
| <b>6v6 Play:</b>  |  |