_____	_____	_____
Age Group	Team (Staff only)	Tryout #



Player Evaluation

Player First Name:	Player Last Name:
Parent Email:	
Parent Names:	Parent Cell Phone:
What other activities are you involved in:	
Age Group:	What grade are you in?
Date of Birth:	Position:
School:	What other sports do you play?
Would you like to be considered for the Royal OR Red team? YES or NO (circle one) (REQUIRED)*	
Royal OR Red team anticipated travel: 2 National Qualifiers, 2 Region Prelims, 2 out of region tournaments, Regional Bid & Nationals.	*If you do not want your child to travel to the tournaments listed, please circle NO above. Circling YES does not guarantee placement on a Royal or Red team.
To be completed by Next Level Staff:	
Culture (Attitude, Coachability, Energy, Body Language):	
Serve & Pass:	
Setting:	
Blocking & Attacking:	
6v6 Play:	
Additional Comments:	