

Age Group



Team

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>Email #2:</b>	
<b>Age Group:</b>	<b>Parent Cell Phone:</b>
<b>Date of Birth:</b>	<b>What other activities are you involved in?</b>
<b>School:</b>	<b>What other sports do you play?</b>
<b>Position:</b>	<b>What grade are you in?</b>
<b>If player is placed on a National OR Elite team, will they be able to at least 2 National Qualifiers?</b> <i>*Please note; players on National teams 15 &amp; Up are subject to a fine if they</i>	<b>YES or NO (please circle one)</b> <i>do not attend all scheduled tournaments. Some exceptions will be made.</i>
<b>If player is placed on a National OR Elite team, will they be able to at least 2 Region Qualifiers?</b>	<b>YES or NO (please circle one)</b>
<b>If player is placed on a National OR Elite team, will they be able to attend at 2 out of region 2-day tournaments &amp; the Regional Championships?</b>	<b>YES or NO (please circle one)</b>
<b><u>To be completed by the Next Level Staff:</u></b>	
<b>Additional Comments:</b>	
<b>Passing:</b>	
<b>Serving:</b>	
<b>Setting:</b>	
<b>Attacking:</b>	
<b>6v6 Play:</b>	