

# BULVERDE VOLLEYBALL TRYOUT EVALUATION FORM

Please Print Clearly. We will use this information to contact you about a position on a team.

Athlete's Name: \_\_\_\_\_

Athlete D.O.B. \_\_\_\_\_ Age Group Trying Out For: \_\_\_\_\_

Left or Right Handed? \_\_\_\_\_

Level of Team Trying Out For: (circle all that apply) LOCAL REGIONAL NATIONAL

Descriptions of the level of teams can be found on our website [www.bulverdevolleyball.com](http://www.bulverdevolleyball.com) under the "Season Information" tab.

Position (s) Played or Interested in:

\_\_\_Middle \_\_\_Setter \_\_\_Outside Hitter \_\_\_Right Side \_\_\_Libero \_\_\_Defensive Specialist \_\_\_Any

Where has athlete played before? How many seasons? (School/Club/YMCA/CYO): \_\_\_\_\_

Parent Name (s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Parent Contact Email: \_\_\_\_\_

Parent Contact Cell Phone: \_\_\_\_\_

*For coach's use only:*

Skill	Rating Scale	Notes
Serve	1 2 3 4 5	
Pass	1 2 3 4 5	
Set	1 2 3 4 5	
Attack	1 2 3 4 5	
Block	1 2 3 4 5	
Movement/Footwork	1 2 3 4 5	
Attitude	1 2 3 4 5	
Leadership	1 2 3 4 5	
Follow Direction	1 2 3 4 5	
Coachable	1 2 3 4 5	
Shagging	1 2 3 4 5	
Voice	1 2 3 4 5	

Notes: