

## Volleyball Tryout Evaluation Form

Name: \_\_\_\_\_ Tryout# \_\_\_\_\_

Are you right or left handed? \_\_\_\_\_ Age: \_\_\_\_\_

Tryout for : (S) \_\_\_\_\_ (OH) \_\_\_\_\_ (MH) \_\_\_\_\_ (RS) \_\_\_\_\_ (DS) \_\_\_\_\_

School/Club: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone no.: \_\_\_\_\_

Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*DO NOT WRITE BELOW THIS LINE*

<b>Push-up</b>	<b>Jump Rope</b>	<b>Pacer</b>

<b>Skill</b>	<b>Rating Scale 5 is Highest</b>	<b>Coach's Remark</b>
Serve	1 2 3 4 5	
Pass	1 2 3 4 5	
Set	1 2 3 4 5	
Attack	1 2 3 4 5	
Dig	1 2 3 4 5	
Block	1 2 3 4 5	
Movement/footwork	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	

Note/Recommendations: \_\_\_\_\_

\_\_\_\_\_

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