

2023-2024 Tri-Cities Extreme Tryouts Evaluation Form  
(PLEASE PRINT CLEARLY)

Name \_\_\_\_\_ USAV age \_\_\_\_\_ Grade \_\_\_\_\_

Right / Left-Handed? \_\_\_\_\_ Tryout for: S \_\_\_ OH \_\_\_ RS \_\_\_ MH \_\_\_ DS \_\_\_ L \_\_\_

**(Mark as 1 and 2 for 1<sup>st</sup> & 2<sup>nd</sup> position )**

School Attend \_\_\_\_\_ Last Year's Club \_\_\_\_\_

DO YOU PLAY ANOTHER SPORT? \_\_\_ Y \_\_\_ N IF Y, WHICH SPORT \_\_\_\_\_

**13&UNDER ONLY** \_\_\_ TRAVEL \_\_\_ NON-TRAVEL \_\_\_ BOTH

**DO NOT WRITE IN THIS SECTION**

Height _____	Standing Reach _____	Jump Reach _____	Approach Touch _____
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SKILLS	RATING SCALE 5 BEING THE HIGHEST	COACH'S 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	
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	
EXTRA NOTES:		