

THUNDER VOLLEYBALL CLUB 2010-11 SEASON TRYOUTS

PLEASE PRINT

Athlete's Name: _____ Tryout Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Parents' Names: _____

Phone #'s: _____ (Home)

Athlete's Email: _____ (Please print) Athlete's Cell: _____

Father's Email: _____ (Please print) Father's Cell: _____

Mother's Email: _____ (Please print) Mother's Cell: _____

School: _____ Grade: _____ School Coach: _____

Age: _____ (As of September 1, 2011) DOB: _____ Height: _____ GPA: _____

Positions: _____ Middle _____ Setter _____ Right Side _____ Outside _____ Libero _____ Defensive Specialist

School Sports & Clubs: _____ Right/Left Handed: _____

Other Club Sports & Clubs: _____ Volleyball Experience(yrs): _____

Level of Play: _____ Local _____ Regional _____ National

FOR OFFICIAL USE ONLY

Evaluate each skill for each athlete as follows: 1=Needs Improvement, 2=Fair, 3=Good, 4=Outstanding;

ATHLETE'S NAME	FOREARM PASS				SERVE				SET OVERHEAD PASS				BLOCK				SERVE RECEIVE				SPIKE / ATTACK				ATHLETIC ABILITY	DEFENSE				OFFENSE				INTANGIBLES															
	Body Position	Platform	Consistency	Accuracy	Posture	Consistency	Placement	Float	Jump Serve	Body Position	Hand Contact	Control	Placement	Posture	Footwork	Arms/Reach	Timing	Body Control	Starting Position	Movement to Ba	Accuracy to Setter	Anticipation	Court Awareness	Communication		Form	Consistency	Approach/Footwork	Transition	Power	Jumping	Quickness	Power	Transition	Read/Awareness	Anticipation	Posture	Transition	Adjustments	Knowledge	Coachability	Aggressiveness	Teamwork	Communication					
Reach: _____ Approach: _____ Block: _____																																																	

Position Offered: _____ Team/Age: _____ Position Accepted: _____ Deposit: \$ _____