

PLAYER TRYOUT EVALUATION



Player Information: Tryout Date: _____

Name: _____

Date of Birth: _____ School: _____

Experience:

2009 Summer Team: _____ Competitive or Recreational

Primary Positions Played: P C 1st 2nd 3rd SS RF CF LF

Secondary Position Played: P C 1st 2nd 3rd SS RF CF LF

Parent Information:

Parent Name: _____ Phone Number: _____

Email Address: _____

WARNING: Softball can be considered a dangerous sport. Coaches are not responsible for injuries.

We have read and agreed with the Sioux Falls Diamonds rules and goals outlined on the Player/Parent Form.

Parent Signature: _____ Player Signature: _____

For Coaches Use Only

Fielding Ground Balls: Fundamentals Consistency Aggressiveness 1 2 3 4 5 6 7 8 9 10
Comments: _____

Fielding Fly Balls: Fundamentals Consistency Footwork 1 2 3 4 5 6 7 8 9 10
Comments: _____

Throwing: Accuracy Strength Consistency 1 2 3 4 5 6 7 8 9 10
Comments: _____

Hitting: Power Bat Speed Contact 1 2 3 4 5 6 7 8 9 10
Comments: _____

Bunting: 1 2 3 4 5 6 7 8 9 10
Comments: _____

Base Running: Speed Rounding the Bases Determination 1 2 3 4 5 6 7 8 9 10
Home to 1st base: Time 1: _____ Time 2: _____ Time 3: _____
Home to 2nd base: Time 1: _____ Time 2: _____ Time 3: _____
Comments: _____

Pitching: Fastball Change-up Rise Ball Drop Ball 1 2 3 4 5 6 7 8 9 10
Locating Corners 1 2 3 4 5 6 7 8 9 10
Comments: _____

Catching: 1 2 3 4 5 6 7 8 9 10
Comments: _____