

CATCH-ALL BASEBALL, LLC TRYOUTS

General Information

Form Completed By: Father Mother Player	
Players First Name:	Players Last Name:
Date of Birth:	Home Telephone:
Street:	City:
State:	Zip Code:
Father's Full Name:	Mother's Full Name:
Father's Work Phone:	Mother's Work Phone:
Father's Mobile Phone:	Mother's Mobile Phone:
Home E-Mail Address:	Best Day to Contact:

Academic Information

School Name:	Grade in School:
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Baseball Information

Primary Position:	Secondary Position:
Height:	Weight:
Bats:	Throws:
Glasses or Contacts: Yes No	

Evaluation (completed by Coach)

Player	Fielding	Throw & Catch	Hitting	Pitch & Catcher	Comments
Name: _____	Infield: Mechanics 1 2 3 4 5	Throwing: Mechanics 1 2 3 4 5	Hitting: Mechanics 1 2 3 4 5	Pitcher: Mechanics 1 2 3 4 5	Attitude, Focus, Hustle:
Size: S M L	Range 1 2 3 4 5	Strength 1 2 3 4 5	Power 1 2 3 4 5	Speed 1 2 3 4 5	
Throws: R L Bats: R L S	Overall 1 2 3 4 5	Accuracy 1 2 3 4 5	Contact 1 2 3 4 5	Accuracy 1 2 3 4 5	
Foot Speed:	Outfield: Range 1 2 3 4 5	Overall 1 2 3 4 5		Catcher: Mechanics 1 2 3 4 5	
Hm-1B: 1B-3B:	Overall 1 2 3 4 5	Catching: Overall 1 2 3 4 5	Overall 1 2 3 4 5	Arm 1 2 3 4 5	