

NMIVA PLAYER EVALUATION FORM

Coach/Evaluator: _____ Date: ____ / ____ / ____

Last Name: _____ Last Name: _____

Address: _____ Home #: _____
 _____ Work #: _____
 _____ Cel #: _____
 Email: _____

Age: _____ D.O.B.: ____ / ____ / ____ Height: ____' ____" Weight: _____ lbs. WING SPAN: _____" (in.)

5 - Very Good	4 - Good	3 - Average	2 - Poor	1 - Very Poor
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 RESTING HEART RATE: _____ VERTICAL LEAP: _____" (in.)

STRENGTH:

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Strengths: _____

Bench Press: _____ lbs. Leg Press: _____ lbs. Arm Curl: _____ lbs.

Squat: _____ lbs. Leg Curl: _____ lbs. Leg Extension: _____ lbs.

SPEED:

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Sprint Fatigue - Power Maintenance Test: _____

ENDURANCE:

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AGILITY:

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Weaknesses: _____

SERVING:

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PASSING:

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HITTING:

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INTANGIBLES:

Ability to take instruction

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Ability to take criticism

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Aggressiveness

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Attitude

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Sportsmanship

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Team Player

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COMPOSITE SCORES/TOTALS

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GeneralComments: _____

OVERALL RATING:

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