

South Park Baseball Association New Player Evaluation Form



Player Name _____ Age _____

Parent(s) Name _____

Address _____

Telephone _____ Email Address _____

Please answer the following questions regarding your child:

- 1) How many years has your child played baseball? _____
- 2) Has your child played on a local All Star travel team? _____
- 3) If yes, what position did your child play? _____
- 4) Has your child played on an AAU travel team? _____

Please rate your child in the following categories from 1 to 10 (10 being the highest) – please circle

Batting	1	2	3	4	5	6	7	8	9	10
Fielding	1	2	3	4	5	6	7	8	9	10
Pitching	1	2	3	4	5	6	7	8	9	10
Running Ability	1	2	3	4	5	6	7	8	9	10

Is there any additional information you would like to share about your child (special needs, medical conditions, etc.)?
