

RSA TRAVEL PLAYER EVALUATION INFORMATION SHEET

Evaluation Team: _____ **DATE:** _____

Evaluation Number: _____

Please complete all fields. If a Current Travel Team player, or NJYS Player Membership Form / US Soccer Medical Waiver completed forms are attached please complete fields marked with “*” only.

*Name: _____

Address: _____

City _____

State _____ Zip Code _____

Telephone: _____

*Email: _____

Date of Birth: _____

*(Circle One)

Carded Active

Carded Inactive

Carding Pending

Not Carded (First Time)

(If inactive or pending list reason why (for example: injury, transfer – playing time, moved, waiting for league packet)

***List any other travel teams played: (for example ODP, Select etc.)**

Fathers Name: _____

Address _____

City _____

State _____ Zip Code _____

Telephone _____

Home _____

Work _____

Cell _____

Email _____

Mothers Name: _____

Address _____

City _____

State _____ Zip Code _____

Telephone _____

Home _____

Work _____

Cell _____

Email _____