



To: Baker MS Boys Soccer Tryout Participants

We want to thank you for your interest in Baker MS Boys Soccer and for your consideration to tryout for the 2016 Baker MS Boys Soccer team.

Tryouts for the 2016 season will be held on the fields behind the school. All tryout participants should be on the field with cleats (no metal spikes) and shin guards PROMPTLY at 3:10pm. The anticipated tryout schedule is as follows:

Tuesday March 8th: 3:10pm-4:50pm

Wednesday March 9th: 3:10pm-4:50pm

Thursday March 10th: 3:10pm-4:50pm

A listing of those players selected for the 2016 Baker MS Boys Soccer team will be posted by the beginning of the school day on Friday March 11th.

The above schedule may need to be modified due to possible inclement weather so please pay close to attention to announcements should this become necessary.

In order to be eligible to tryout for the team the following forms must be fully completed, signed, and turned in to Mr. Frye by Friday February 26th:

Parent Permission Form

Student Athlete Contract

Medical Card

Health (Physical) Form (within two-year period and cannot expire before 5/19/16)

Player Profile Form

Those players selected for the team will also be required to complete an Extracurricular Activity (ECA) form and remit the required fee if this has not already been done for the 2015-2016 school year. Players will not be able to play in any games until the ECA fee has been remitted.

Sincerely,

Coach Diehl

Assistant Coach Ralli



To: Baker MS Boys Soccer Tryout Participants and Parents

We want to take this opportunity to thank all of the Baker MS boys soccer tryout participants and their parents for their support of the Baker MS soccer program.

The tryout process is a necessary and sometimes difficult part of forming a school team. This is because roster limitations mean that not all tryout participants may make the final team roster. However, how we handle the results of the tryout process as both participants and parents is the most important aspect of any tryout experience.

As coaches, we have had experiences in which our own children did not make a selected team. However, even in these cases, learning from these experiences enabled our children to continue to love the sport of soccer and to improve as players going forward. This can only happen when, as players and parents, we are able to accept tryout results as merely a point of feedback for future soccer tryout experiences as well as personal player improvement in the future.

If you do not make this year's Baker MS soccer team it does NOT mean that you are not considered to be a good player. It also does NOT mean that you will not be able to make next year's Baker MS team or your high school soccer team in the future. The only thing that matters in this regard is your willingness to continue to play soccer and to continue to work to improve as a player. As coaches we will always be willing to help you be as prepared as you can be in the future whether or not you make this year's final Baker MS roster.

As parents, your child will be looking to you as the role model for how one might have to handle the temporary adversity of not making a particular team. A positive approach will be absolutely necessary to ensure that your child continues to love soccer and continues to strive to improve as a player going forward.

Thank you very much for your willingness to tryout for the Baker MS boys soccer team and for your support of the Baker MS soccer program.

Best Regards,

Coach Diehl

Coach Ralli

**MONTGOMERY COUNTY PUBLIC SCHOOLS
PARENT/GUARDIAN PERMISSION FORM**

_____ Grade _____ has my permission to

(Please print student's first and last name.)

participate in the following interscholastic activities at _____.

(School)

PLEASE NOTE: The middle school interscholastic athletic program is more competitive than participatory. Therefore, selection to a team does not ensure participation in each contest.

Participation in competitive sports is potentially dangerous, and physical injuries may occur that require emergency medical treatment.

Please check all activities in which your child might participate this school year:

_____ Basketball _____ Softball _____ Soccer _____ Cross Country

I have indicated below the manner in which my child will be transported home.

_____ Activity Bus

_____ Walk

_____ I will pick up my child

_____ Other

It is recommended that each participant be covered by medical insurance. Forms for purchasing school insurance can be obtained at each school.

Please check one of the following:

_____ The above named student is covered by medical insurance.

_____ The above student is **NOT** covered by medical insurance.

(Signature of Parent/Guardian)

(Date)

When the parents are divorced and have legal joint custody, both parents must sign.



JOHN T. BAKER MIDDLE SCHOOL

25400 OAK DRIVE
DAMASCUS, MARYLAND 20872

Telephone: 253-7010

STUDENT - ATHLETE CONTRACT

ALCOHOL / DRUG / TOBACCO USE / DRUG PARAPHERNALIA POLICY:

Alcohol, drug and tobacco use is an extremely serious issue. Not only is the quality of life for the student-athlete in jeopardy, but the quality of life on innocent by-standers may be in jeopardy as well. Team members depend on each other to be mentally and physically prepared to give it their best effort each day. This can not happen if the student-athlete is using alcohol, drugs or tobacco not prescribed by a physician.

A student-athlete found using, possessing, or distributing tobacco, alcohol, controlled dangerous drugs, steroids, or controlled dangerous paraphernalia, on or off school property, will be removed from the team for the remainder of the sports season.

I have read the Alcohol / Drug / Tobacco Use / Drug Paraphernalia policy and have discussed it with my parent/guardian. I realize I am responsible for adhering to each and every regulation as a representative of Baker Middle School both on and off the athletic field. I agree to abide by these regulations and understand that failure to do so will result in my dismissal from the team.

Printed name of the athlete: _____
First Name Last Name

Student-Athlete Signature: _____

Parent/Guardian Signature: _____



BAKER MS BOYS SOCCER

Please Fill Out Completely (Print Clearly) - Player Information:

Last Name: _____ First Name: _____

Date of Birth: M _____ D _____ Y _____ Age: _____ Student ID# : _____

Height: _____ Inches Weight: _____ Lbs.

School: _____ Grade this year: _____ School GPA: _____

Years Playing Soccer: _____

Middle School Soccer Experience (if any): _____

Position(s) Played _____ Starter (Yes) (No)

Soccer Experience outside of school (Clubs, Travel Team, Years on team etc.) List as many as possible including your coaches:

Desired Position(s) 1st, 2nd, 3rd Choices - F / MF / D / GK: _____

1st Choice (Right or Left Foot)? _____

Did you play year round? Train during the winter? IF so, list your training/ exercise

Program, Team and/ or camps. _____



BAKER MS BOYS SOCCER

List your Three (3) Strengths of play: _____

List Your Three (3) Weaknesses to improve: _____

What is your fitness level: (Excellent) (Good) (Average) (Poor)

List your soccer playing goals (finish below or on back): _____

Please Fill Out Completely (Print Clearly) - Parent Information: (Father) (Mother) (Other)

Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ email: _____

Occupation: _____ Office Phone: _____

PRE-PARTICIPATION PHYSICAL EVALUATION FOR ATHLETICS

To Parents or Guardians:

Students enrolled in grades 9-12 must have an annual pre-participation physical evaluation in order to participate in Montgomery County Public Schools (MCPS) interscholastic athletics and school conditioning programs. Students enrolled in grades 7-8 must have a medical evaluation every two years to participate in the MCPS middle school interscholastic athletics program.

The medical evaluation shall be performed by a licensed physician, a certified nurse practitioner, or a certified physician assistant under the supervision of a licensed physician.

The pre-participation physical evaluation consists of four parts: History Form (page 1), Supplemental History Form for Athletes with Special Needs (page 2), Physical Examination Form (page 3), and Clearance Form (page 4).

The student must turn in only the last page (CLEARANCE FORM—page 4) to the school or coach prior to participation. The physician should retain the first three pages.

When a student- athlete has experienced a significant injury, illness, or surgery after submitting the annual pre-participation physical evaluation, a clearance letter from a physician, nurse practitioner, or certified physician assistant under the supervision of a licensed physician is required to resume participation.

The health information submitted to the school will be available only to those health and education personnel who have a legitimate educational interest in your child.

Exemptions from physical examinations are permitted if they are contrary to a student's religious beliefs. In such circumstances, the family should submit verification.

PREPARTICIPATION PHYSICAL EVALUATION HISTORY FORM

(Note: This form is to be filled out by the patient and parent prior to seeing the physician. The physician should keep this form in the chart.)

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

Medicines and Allergies: Please list all of the prescription and over-the-counter medicines and supplements (herbal and nutritional) that you are currently taking

Do you have any allergies? Yes No If yes, please identify specific allergy below.

Medicines Pollens Food Stinging Insects

Explain "Yes" answers below. Circle questions you don't know the answers to.

GENERAL QUESTIONS	Yes	No	MEDICAL QUESTIONS	Yes	No
1. Has a doctor ever denied or restricted your participation in sports for any reason?			26. Do you cough, wheeze, or have difficulty breathing during or after exercise?		
2. Do you have any ongoing medical conditions? If so, please identify below: <input type="checkbox"/> Asthma <input type="checkbox"/> Anemia <input type="checkbox"/> Diabetes <input type="checkbox"/> Infections Other: _____			27. Have you ever used an inhaler or taken asthma medicine?		
3. Have you ever spent the night in the hospital?			28. Is there anyone in your family who has asthma?		
4. Have you ever had surgery?			29. Were you born without or are you missing a kidney, an eye, a testicle (males), your spleen, or any other organ?		
HEART HEALTH QUESTIONS ABOUT YOU	Yes	No	30. Do you have groin pain or a painful bulge or hernia in the groin area?		
5. Have you ever passed out or nearly passed out DURING or AFTER exercise?			31. Have you had infectious mononucleosis (mono) within the last month?		
6. Have you ever had discomfort, pain, tightness, or pressure in your chest during exercise?			32. Do you have any rashes, pressure sores, or other skin problems?		
7. Does your heart ever race or skip beats (irregular beats) during exercise?			33. Have you had a herpes or MRSA skin infection?		
8. Has a doctor ever told you that you have any heart problems? If so, check all that apply: <input type="checkbox"/> High blood pressure <input type="checkbox"/> A heart murmur <input type="checkbox"/> High cholesterol <input type="checkbox"/> A heart infection <input type="checkbox"/> Kawasaki disease Other: _____			34. Have you ever had a head injury or concussion?		
9. Has a doctor ever ordered a test for your heart? (For example, ECG/EKG, echocardiogram)			35. Have you ever had a hit or blow to the head that caused confusion, prolonged headache, or memory problems?		
10. Do you get lightheaded or feel more short of breath than expected during exercise?			36. Do you have a history of seizure disorder?		
11. Have you ever had an unexplained seizure?			37. Do you have headaches with exercise?		
12. Do you get more tired or short of breath more quickly than your friends during exercise?			38. Have you ever had numbness, tingling, or weakness in your arms or legs after being hit or falling?		
HEART HEALTH QUESTIONS ABOUT YOUR FAMILY	Yes	No	39. Have you ever been unable to move your arms or legs after being hit or falling?		
13. Has any family member or relative died of heart problems or had an unexpected or unexplained sudden death before age 50 (including drowning, unexplained car accident, or sudden infant death syndrome)?			40. Have you ever become ill while exercising in the heat?		
14. Does anyone in your family have hypertrophic cardiomyopathy, Marfan syndrome, arrhythmogenic right ventricular cardiomyopathy, long QT syndrome, short QT syndrome, Brugada syndrome, or catecholaminergic polymorphic ventricular tachycardia?			41. Do you get frequent muscle cramps when exercising?		
15. Does anyone in your family have a heart problem, pacemaker, or implanted defibrillator?			42. Do you or someone in your family have sickle cell trait or disease?		
16. Has anyone in your family had unexplained fainting, unexplained seizures, or near drowning?			43. Have you had any problems with your eyes or vision?		
BONE AND JOINT QUESTIONS	Yes	No	44. Have you had any eye injuries?		
17. Have you ever had an injury to a bone, muscle, ligament, or tendon that caused you to miss a practice or a game?			45. Do you wear glasses or contact lenses?		
18. Have you ever had any broken or fractured bones or dislocated joints?			46. Do you wear protective eyewear, such as goggles or a face shield?		
19. Have you ever had an injury that required x-rays, MRI, CT scan, injections, therapy, a brace, a cast, or crutches?			47. Do you worry about your weight?		
20. Have you ever had a stress fracture?			48. Are you trying to or has anyone recommended that you gain or lose weight?		
21. Have you ever been told that you have or have you had an x-ray for neck instability or atlantoaxial instability? (Down syndrome or dwarfism)			49. Are you on a special diet or do you avoid certain types of foods?		
22. Do you regularly use a brace, orthotics, or other assistive device?			50. Have you ever had an eating disorder?		
23. Do you have a bone, muscle, or joint injury that bothers you?			51. Do you have any concerns that you would like to discuss with a doctor?		
24. Do any of your joints become painful, swollen, feel warm, or look red?			FEMALES ONLY		
25. Do you have any history of juvenile arthritis or connective tissue disease?			52. Have you ever had a menstrual period?		
			53. How old were you when you had your first menstrual period?		
			54. How many periods have you had in the last 12 months?		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

■ PREPARTICIPATION PHYSICAL EVALUATION

THE ATHLETE WITH SPECIAL NEEDS: SUPPLEMENTAL HISTORY FORM

Date of Exam _____

Name _____ Date of birth _____

Sex _____ Age _____ Grade _____ School _____ Sport(s) _____

1. Type of disability		
2. Date of disability		
3. Classification (if available)		
4. Cause of disability (birth, disease, accident/trauma, other)		
5. List the sports you are interested in playing		
	Yes	No
6. Do you regularly use a brace, assistive device, or prosthetic?		
7. Do you use any special brace or assistive device for sports?		
8. Do you have any rashes, pressure sores, or any other skin problems?		
9. Do you have a hearing loss? Do you use a hearing aid?		
10. Do you have a visual impairment?		
11. Do you use any special devices for bowel or bladder function?		
12. Do you have burning or discomfort when urinating?		
13. Have you had autonomic dysreflexia?		
14. Have you ever been diagnosed with a heat-related (hyperthermia) or cold-related (hypothermia) illness?		
15. Do you have muscle spasticity?		
16. Do you have frequent seizures that cannot be controlled by medication?		

Explain "yes" answers here

Please indicate if you have ever had any of the following.

	Yes	No
Atlantoaxial instability		
X-ray evaluation for atlantoaxial instability		
Dislocated joints (more than one)		
Easy bleeding		
Enlarged spleen		
Hepatitis		
Osteopenia or osteoporosis		
Difficulty controlling bowel		
Difficulty controlling bladder		
Numbness or tingling in arms or hands		
Numbness or tingling in legs or feet		
Weakness in arms or hands		
Weakness in legs or feet		
Recent change in coordination		
Recent change in ability to walk		
Spina bifida		
Latex allergy		

Explain "yes" answers here

I hereby state that, to the best of my knowledge, my answers to the above questions are complete and correct.

Signature of athlete _____ Signature of parent/guardian _____ Date _____

PHYSICAL EXAMINATION FORM

Name _____ Date of birth _____

PHYSICIAN REMINDERS

- Consider additional questions on more sensitive issues
 - Do you feel stressed out or under a lot of pressure?
 - Do you ever feel sad, hopeless, depressed, or anxious?
 - Do you feel safe at your home or residence?
 - Have you ever tried cigarettes, chewing tobacco, snuff, or dip?
 - During the past 30 days, did you use chewing tobacco, snuff, or dip?
 - Do you drink alcohol or use any other drugs?
 - Have you ever taken anabolic steroids or used any other performance supplement?
 - Have you ever taken any supplements to help you gain or lose weight or improve your performance?
 - Do you wear a seat belt, use a helmet, and use condoms?
- Consider reviewing questions on cardiovascular symptoms (questions 5–14).

EXAMINATION		
Height _____	Weight _____	<input type="checkbox"/> Male <input type="checkbox"/> Female
BP _____ / _____ (_____ / _____)	Pulse _____	Vision R 20/ _____ L 20/ _____ Corrected <input type="checkbox"/> Y <input type="checkbox"/> N
MEDICAL	NORMAL	ABNORMAL FINDINGS
Appearance • Marfan stigmata (kyphoscoliosis, high-arched palate, pectus excavatum, arachnodactyly, arm span > height, hyperlaxity, myopia, MVP, aortic insufficiency)		
Eyes/ears/nose/throat • Pupils equal • Hearing		
Lymph nodes		
Heart ^a • Murmurs (auscultation standing, supine, +/- Valsalva) • Location of point of maximal impulse (PMI)		
Pulses • Simultaneous femoral and radial pulses		
Lungs		
Abdomen		
Genitourinary (males only) ^b		
Skin • HSV, lesions suggestive of MRSA, tinea corporis		
Neurologic ^c		
MUSCULOSKELETAL		
Neck		
Back		
Shoulder/arm		
Elbow/forearm		
Wrist/hand/fingers		
Hip/thigh		
Knee		
Leg/ankle		
Foot/toes		
Functional • Duck-walk, single leg hop		

^aConsider ECG, echocardiogram, and referral to cardiology for abnormal cardiac history or exam.
^bConsider GU exam if in private setting. Having third party present is recommended.
^cConsider cognitive evaluation or baseline neuropsychiatric testing if a history of significant concussion.

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____
- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____
- Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician (print/type) _____ Date _____
 Address _____ Phone _____
 Signature of physician _____, MD or DO

■ PREPARTICIPATION PHYSICAL EVALUATION CLEARANCE FORM

Name _____ Sex M F Age _____ Date of birth _____

- Cleared for all sports without restriction
- Cleared for all sports without restriction with recommendations for further evaluation or treatment for _____

- Not cleared
- Pending further evaluation
 - For any sports
 - For certain sports _____
- Reason _____

Recommendations _____

I have examined the above-named student and completed the preparticipation physical evaluation. The athlete does not present apparent clinical contraindications to practice and participate in the sport(s) as outlined above. A copy of the physical exam is on record in my office and can be made available to the school at the request of the parents. If conditions arise after the athlete has been cleared for participation, the physician may rescind the clearance until the problem is resolved and the potential consequences are completely explained to the athlete (and parents/guardians).

Name of physician/nurse practitioner (print/type) _____ Date _____

Address _____ Phone _____

Signature of physician/nurse practitioner _____ Title _____

EMERGENCY INFORMATION

Allergies _____

Other information _____



MEDICAL CARD FOR ATHLETE

Interscholastic High School Athletics
MONTGOMERY COUNTY PUBLIC SCHOOLS • Rockville, Maryland 20850

MCPS Form 560-30
December 2014

INSTRUCTIONS: This card should be kept on file in the medical kit for each sport. It should accompany the athlete to the doctor or hospital when medical attention is required.

Student Name:

Birth Date:

School Name:

Student ID #:

Home Address:

Parent/Guardian Name:

Home #:

Work #:

Cell #:

Parent/Guardian Name:

Home #:

Work #:

Cell #:

If parent cannot be reached, person to be contacted in case of emergency

Name:

Relationship:

Home #:

Work #:

Cell #:

MEDICAL CARD FOR ATHLETE

Family Physician:

Physician #:

Hospital Preference:

Date of Last
Tetanus Shot:

Allergies:

Student Self-Carries
EpiPen: Yes No

Medicine Administered on the Field:

INSURANCE INFORMATION:

Does your son/daughter have medical insurance? Yes No

If Yes, Name of Insurance Company: _____

RELEASE FOR TREATMENT:

I hereby give permission to the attending physician or hospital to administer appropriate medical treatment in the event I cannot be reached.

Signature

Parent/Guardian:

Date

This card must be kept on file in the medical kit for each sport and should be available at all practices and contests. It must accompany the athlete to the doctor or hospital when emergency medical attention is required.

EXTRACURRICULAR ACTIVITY FEE REMITTANCE FORM

The Montgomery County Board of Education requires payment of an Extracurricular Activity (ECA) fee for your middle or high school student to participate in extracurricular activities in the upcoming school year.

What is the ECA fee?

The \$32.50 annual fee supports adult-supervised, extracurricular activities, such as sports and clubs, for middle and high school students. Students who pay the fee are entitled to participate in one or more programs during the year. Although the Board of Education strongly believes students benefit from participation in after-school activities, these activities are voluntary.

Who pays the ECA fee?

All middle and high school students who voluntarily participate in sports or clubs pay the ECA fee. Check with your school administration to determine what other activities require the ECA fee.

NOTE - Students may try out for sports teams before paying the fee. However, once they have been selected for a team or activity, the fee must be paid or the selection will be revoked. Paying the fee does not guarantee that a student will be selected for a team or activity, nor does it supersede academic eligibility requirements.

Who is exempt from the ECA fee?

Students who do not participate in extracurricular activities do not pay the fee. Students who take a course that requires participation in an extracurricular activity, such as a concert performance as a class requirement, do not pay the fee. Check with your school administration if you are unsure if an activity is exempt from the fee.

Am I eligible to pay a reduced ECA fee?

You may be eligible to pay a reduced fee of \$15 if your gross family income is less than \$35,000. If you are eligible to pay a reduced fee, you must send written proof of income with your payment, such as a recent tax form, current pay statement, or letter from a family assistance agency. MCPS will NOT accept reduced fees without documentation. Do not send original documents, as we do not return them.

How do I pay the ECA fee?

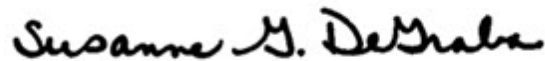
DO NOT SEND PAYMENT TO YOUR SCHOOL.

Credit Card - Payments are accepted online at <http://montgomeryschoolsmd.org/activityfee>. This is a secure website. You will be sent a receipt via e-mail when you pay online. Reduced ECA fees are not eligible for online credit card processing and must be paid by check.

Check - Make payment to MCPS and write student ID# on check or money order. Send payment directly to MCPS, ECA Office, 45 West Gude Drive, Suite 3201, Rockville, MD 20850. Returned checks are subject to a \$25.00 fee.

Cash - Payments may be made in person at the ECA office, 45 West Gude Drive, Suite 3201, Rockville, MD 20850. If you have any questions, e-mail the office at ECA@mcpsmd.org or call 301-517-5000.

Sincerely,



Susanne G. DeGraba
Chief Financial Officer

DETACH form and send payment to address below. Do not pay the school directly.

For your convenience, you may pay online at <http://montgomeryschoolsmd.org/activityfee>.

2015-2016 Extracurricular Activity Fee Remittance Form

Return to MCPS, ECA Office, 45 West Gude Drive, Suite 3201, Rockville, MD 20850

Student Name: _____ Student ID: _____
Street: _____ School Name: _____
City, State, Zip: _____ Grade: _____
Parent/Guardian Name (please print) _____

MAKE CHECKS PAYABLE TO MCPS. DO NOT FOLD OR STAPLE FORM.

- \$32.50 - Gross family income is more than \$35,000
 \$15 - Gross family income is less than \$35,000 (You must enclose proof of income.)

FOR OFFICE USE ONLY

Check MO Cash



Field Player Evaluation Criteria Baker MS Boys Soccer

1. Technical (Rating sheet code)
 - A. Dribbling-
 1. Keeps the ball within reach while dribbling.
 2. Can turn and change direction to avoid pressure or to penetrate offensively.
 - B. Ball Control/First Touch-
 1. Settles a passed ball at his/her feet quickly and efficiently.
 2. Uses various parts of body to receive a ball.
 - C. Passing-
 1. Completes passes to teammates feet or to useful space.
 2. Strikes ball with laces or instep
 - D. Shooting-
 1. Thinks to shoot first
 2. Consistently hits target.
 3. Strikes ball with laces or instep.
 - E. Tackling-
 1. Tackles squarely and doesn't reach for the ball in an off-balance manner.
2. Tactical/ Decision Making
 1. Attacking (on the ball)
 - a. Attempts to penetrate by dribbling when it is "on" to dribble (i.e. free space ahead of the player or free space behind the first defender
 - b. Passes or shoots at the appropriate time
 - c. Looks to maintain possession by passing to teammates instead of kicking the ball aimlessly
 2. Attacking (off the ball)
 - a. When close to teammate with the ball, supports at an appropriate angle and distance.
 - b. When distant from teammate with the ball, helps team maintain shape or makes penetrating runs to open space.
 - c. Avoids crowding teammate with the ball or contributing to a "beehive" situation
 3. Defending
 - a. Puts pressure on the ball when he/she is closest to the ball.
 - b. Provides good communication and cover to first defender
 - c. Provides balance when far from first defender
3. Work Rate
 1. On loss of possession, is willing to work back and get behind the ball defensively.
 2. Willing to make appropriate runs offensively even if there is little chance that the player will get the ball.
 3. Generally "busy" and strives to make an impact at all times.
 4. Competes consistently for 50-50 balls
4. Athleticism/Physical
 1. Shows at least average speed, strength, and size for his/her age group.
 2. Appears to be generally fit and willing to compete.
5. Intangibles
 1. Demonstrates a willingness to compete and a passion for the game.
 2. Arrives prepared to play and appropriately dressed
 3. Shows soccer personality by being vocal and showing leadership qualities

Rating- Players are rated on the following scale (with one being the highest score):

1. Definitely- Meets above standards over 50% of time
2. Probably- Meets above standards 30-50% of time
3. Probably NOT- Meets above standards 15-30% of time
4. Definitely NOT- Meets above standards 0-15% of time



Baker MS Boys Soccer Field Player Evaluation Criteria

Player Name: _____ Grade: _____ Age: _____ Date: _____

Players are rated on the following 1 - 4 scale (1 being the highest score): * 1. Good Consistent Performance * 2. Average Ability/Performance * 3. Inconsistent Performance * 4. Development should be a priority

1 Technical Game:					Scale								
Passing (pace and accuracy)					1	2	3	4	Receiving under pressure				
Short Range					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground Balls				
Long Range					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Air Balls				
Non-Dominate Foot					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Other					1	2	3	4	Shooting / Finishing				
Tackling					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Accuracy				
Shielding					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power				
Heading					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Range				

2 Tactical Game:					Scale								
Attacking					1	2	3	4	Defending				
1v1 Attacking: Beat an opponent					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressuring the ball				
2nd / 3rd Attacker: Supporting roles & combination play					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2nd / 3rd Defender (Balance & Support)				
Back to the Goal play					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communication				
Running off the ball					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Zonal Play				

3-4 Work & Physical Assessment:					Scale								
					1	2	3	4					
Speed					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Change of pace				
Quickness					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agility				
Endurance					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work Rate				

5 Intangibles Assessment:					Scale								
					1	2	3	4					
Practice / Training Focus					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Game Mentality				
Leadership					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Composure with the ball				

Coaches Comments:

1. Evaluator Name & Signature: _____ Date: _____

2. Evaluator Name & Signature: _____ Date: _____



Goalkeeper Evaluation Criteria Baker MS Boys Soccer

1. The Goalkeeper Evaluation includes an opportunity for goalkeepers to demonstrate:
 - a. Ability to perform the specific technical/tactical skills and traits indicated below in a training session and/or in a small-sided scrimmage.
 - b. Potential for improving those skills (i.e., coachability)
2. The specific skills evaluated during the training session are:
 - a. Ready position,
 - b. Catching balls directed straight at the goalkeeper at various heights and selecting the appropriate catching technique—the W catch or the scoop catch,
 - c. Footwork used to move a goalkeeper's body behind balls not directed straight at the goalkeeper (no diving), and
 - d. Breakdown diving from kneeling and standing positions.
3. The specific skills/traits evaluated during the scrimmage are:
 - a. Implementation, under pressure, of the skills practiced/learned in the training session,
 - b. Communication (i.e., does the goalkeeper assume a leadership role by attempting to direct his teammates to thwart the opponent's attacks, or does the goalkeeper play passively and not interact with his teammates?),
 - c. Aggressiveness/courage/angle play (i.e., does the goalkeeper aggressively move to collect loose balls and to challenge opponents when they are about to shoot on goal, or does he/she stay on/near their goal line and just try to react to shots?), and
 - d. Distribution (i.e., does the goalkeeper attempt to throw/kick the ball to teammates, or does the goalkeeper just clear balls aimlessly?)
4. Rating- Players are rated on the following scale (with one being the highest score):
 1. Definitely– Meets above standards over 50% of time
 2. Probably– Meets above standards 30-50% of time
 3. Probably NOT– Meets above standards 15-30% of time
 4. Definitely NOT– Meets above standards 0-15% of time



Baker MS Boys Soccer Goalkeeper Evaluation Criteria

Player Name: _____ Grade: _____ Age: _____ Date: _____

Players are rated on the following 1 - 4 scale (1 being the highest score): * 1. Good Consistent Performance * 2. Average Ability/Performance * 3. Inconsistent Performance * 4. Development should be a priority

1 Technical Game:					Scale										
Positions					1	2	3	4	Receiving under pressure (Shots)						
Ready Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ground Balls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High & Low Diving Save	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
PK Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stand/Collapse/Stand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ball Distribution					
Corner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Over Hand Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Punting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other					1	2	3	4	Goal Kick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Tackling 1v1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Foot Work (Ball Control and Kicking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											
Heading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>											

2 Tactical Game:					Scale									
Other					1	2	3	4	Defending					
Free Kicks (Out of Shooting Range)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Angle Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Near Post Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Goal Line Position and Play	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Free Kicks (Setting Up The Wall)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Indirect Free Kicks (Inside 18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aggressiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Accepting Back to the Goal Passes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										
Extending Range Of Play (Sweeper Keeper)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

3 Work & Physical Assessment:					Scale									
					1	2	3	4						
Speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Change of pace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Agility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Work Rate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
Endurance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>										

Coaches Comments:

1. Evaluator Name & Signature: _____ Date: _____

2. Evaluator Name & Signature: _____ Date: _____
