

# Lurleen B. Wallace Community College

## Saints Softball Questionnaire

### PLAYER INFORMATION

Full Name (first, middle, last) \_\_\_\_\_ Social Security \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email Address \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

College Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_ Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Filed for Pell? Yes No (circle one) If yes, amount of award? \_\_\_\_\_

Relatives or friends who attend(ed) LBW \_\_\_\_\_

### ACADEMIC INFORMATION

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_ HS GPA \_\_\_\_\_ HS Core GPA \_\_\_\_\_

### ATHLETIC INFORMATION

Best Position \_\_\_\_\_ Other Positions \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Bat: R L S (circle one) Throw: R L (circle one) 40 yd time \_\_\_\_\_ 60 yd time \_\_\_\_\_ Home to first time \_\_\_\_\_

Coach's Name \_\_\_\_\_ Coach's Phone Number (\_\_\_\_) \_\_\_\_\_

Other sports played in high school? \_\_\_\_\_

Previous injuries? (Operations, limb, etc.) \_\_\_\_\_

Please comment on your interest in LBW \_\_\_\_\_

\_\_\_\_\_

Give this form to your present baseball coach. Ask him to complete the remainder and mail to us at PO Box 1418, Andalusia, AL 36420. **COACH PLEASE NOTE:** This evaluation is confidential and will not be discussed with your player.

Pitcher	MPH	Outstanding	Good	Fair	Poor	Position	Outstanding	Good	Fair	Poor
Fastball						Hitting				
Breaking Ball						Power				
Change-up						Bat Control				
Control						Fielding				
Competitiveness						Competitiveness				
Coachability						Coachability				

Coach's Signature \_\_\_\_\_