



KENT WOMEN & GIRLS RUGBY

Name of Player:				Date of Birth:	
Name of coach completing the form:					
Name of Parent / Guardian:					
Contact Numbers	Home			Mobile	
Address:					
Email address of parent / guardian:					
Club:			School:		
Team	U15			U18	
Preferred position.(max.2)					
For the remainder of the form, please rate each player against the following criteria, by circling /highlighting the relevant number.					
5 = Outstanding 4 = Very good 3 = Good 2 = Satisfactory 1 = Unsatisfactory					
Speed	1	2	3	4	5
Handling	1	2	3	4	5
Tackling	1	2	3	4	5
Courage	1	2	3	4	5
Discipline	1	2	3	4	5
Tactical Awareness	1	2	3	4	5
Teamwork	1	2	3	4	5
Any other supporting comments:					
Signed by:					
Date:					