NORTH ARLINGTON SOCCER ASSOCIATION

PLAYER RATING SCHEDULE

TEAM NAME_____

COACHES NAME_____ DIVISION_____

RATING *(Check off one box)*

PLAYER'S NAME	**#1** Highly skilled player, Dominates game	**#2**. Skilled player, Above average skills	**#3** Average player, Good soccer skills	**#4** Improving player, Basic knowledge of game	**#5** New player, Learning skills of the game