



ATHLETE PROFILE INFO

Name: _____
 First Middle Last

Age: _____ Birth Date: ____/____/____

Height: _____ Weight: _____

Contact Information:

E-Mail Address: _____

Phone # : _____

High School: _____ Grade: _____

Club Team Name: _____

Position Played (check all that apply):

___ OH ___ OPP ___ MB ___ DS/LIB ___ Setter

Please indicate your over-all skill level (check only one):

___ Beginner ___ Intermediate ___ Advanced

On a scale of 0 – 10, please indicate your current skill level for each area below:

0 = No experience 10 = Advanced

____ Serving ____ Defense ____ Setting
____ Attack ____ Reception

Please describe the skills or traits that you feel are your greatest strength

Please describe the area(s) that you feel you need or want to improve

Please describe your desired level of volleyball (e.g. high school, college scholarship, professional, etc):
