

## ATHLETE PROFILE INFO

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: 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	Name:				
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	First	Middle		Last	
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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	E-Mail Address:				
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Position Played (check all that apply): OHOPPMBDS/LIBSetter  Please indicate your over-all skill level (check only one): BeginnerIntermediateAdvanced  On a scale of 0 - 10, please indicate your current skill level for each area below: 0 = No experience 10 = Advanced ServingDefenseSettingAttackReception  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					
OHOPPMBDS/LIBSetter  Please indicate your over-all skill level (check only one): BeginnerIntermediateAdvanced  On a scale of 0 – 10, please indicate your current skill level for each area below:  0 = No experience	Club Team Name:				
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BeginnerIntermediateAdvanced  On a scale of 0 – 10, please indicate your current skill level for each area below:  0 = No experience	OH	OPP MB DS/	LIB Setter		
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0 = No experience 10 = Advanced ServingDefenseSettingAttackReception  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	Beginn	ner Intermediate	Advance	ed	
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			rent skill level for	r each area below:	
Please describe the area(s) that you feel you need or want to improve	Serv Atta	ing	Defense Reception	Setting	
	Please describe the	skills or traits that you fee	el are your greates	st strength	
Please describe your desired level of volleyball (e.g. high school, college scholarship, professional, etc):	Please describe the	area(s) that you feel you n	need or want to in	nprove	
Please describe your desired level of volleyball (e.g. high school, college scholarship, professional, etc):					
Please describe your desired level of volleyball (e.g. high school, college scholarship, professional, etc):					
	Please describe you	ir desired level of volleyba	all (e.g. high scho	ol, college scholarship, profes	ssional, etc):