

# Sport Performance Volleyball 10-12 Application Form

Thank you for your interest in the Volleyball 10-12 class at Claremont. This program is designed for student-athletes who wish to develop their volleyball skills while focusing on a combination of gameplay and skill development. Please complete the application form below to help us assess your experience and fit for the program.

Student Information:	
Full Name:	Grade:
Student Number:	

### Volleyball Background and Experience:

- 1. Have you played on any school or club volleyball teams? (Check all that apply)
  - 🗌 Yes

School (please specify) \_\_\_\_\_

Club (please specify)

- 2. What position(s) do you typically play? \_\_\_\_\_
- 3. Have you attended any volleyball camps or training programs? If so, please list them:
- **4.** Do you have any coaching, officiating, or leadership experience related to volleyball? If so, please describe:

#### Skill Assessment: On a scale of 1 to 5 (1 = Beginner, 5 = Advanced), please rate your ability in the following skills:

- Serving: 1 2 3 4 5
- Passing: 1 2 3 4 5
- Setting: 1 2 3 4 5
- Attacking: 1 2 3 4 5
- Blocking: 1 2 3 4 5
- Defense: 1 2 3 4 5
- Game Strategy: 1 2 3 4 5

## **Program Fit:**

1. Why do you want to be part of the Physical Health Education: Volleyball

class?

2. What do you hope to gain from this program?

3. What qualities or skills do you bring that would make you a good fit for this program?

## **Commitment and Expectations:**

By signing below, I confirm that all information provided is accurate to the best of my knowledge. I understand that participation in this program requires dedication, teamwork, and a commitment to improving my volleyball skills.

\*Please note that the Volleyball class is an elective credit, and does not satisfy the PHE 10 graduation requirement.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_