

University of Charleston Volleyball

Personal Background

Name: _____ Graduation Year: _____

Mailing Address: _____

_____ *City* _____ *State* _____ *Zip Code*

Phone: _____ Social Security # _____ - _____ - _____

Email Address: _____ Birthdate: _____

Father/Guardian: _____ Occupation: _____

Mother/Guardian: _____ Occupation: _____

Academic Background

PSAT/SAT (Please Circle One) _____ ACT: _____ GPA: _____

Anticipated College Major(s): _____

Registered with Clearinghouse? Yes/No ID# _____

Athletic Information

High School: _____

High School Address: _____

_____ *City* _____ *State* _____ *Zip Code*

High School Coach: _____ Phone: _____

Club Team: (Be specific, ex. 18-Blue, Jersey#) _____

Club Coach: _____ Phone: _____

Years of Experience: High School: _____ Club: _____

Height: _____ Weight: _____ Dominant Hand: Left/Right

Standing Reach: _____ Block Jump: _____ Approach Jump: _____

Primary Position: _____ Other Positions: _____

Video Tape Available?: Yes/No Other Sports Experience: _____

Major Tournaments Attending: _____

Athletic and Academic Honors: _____

Signature

Date

What are the most important factors that you will consider when choosing a college?

Distance from home _____ Academic Reputation _____ Level of Volleyball _____ Playing/Practice Facilities _____

Coaching Staff _____ Campus Life _____ Other _____

Please list your top 5 college choices at this time: 1. _____

2. _____ 3. _____

4. _____ 5. _____