CLAREMONT

SECONDARY SCHOOL

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)
   - ☐ No
   - ☐ 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: _____