# *Camp Assessment Form – Rick McLaughlin Volleyball Camp – UCSB*

Name: _____ Email Address:_____

Age: _____ Position/s:_____ Height:_____ Cell Phone #: _____

High School: _____ Yrs Experience:_____ Coach: _____

How many matches did you play in last season?_____ How many matches did you start in?_____

Club Program: _____ Yrs Experience:_____ Coach: _____

How many matches have you played so far this season? _____ How many started in? _____

*Please grade your skills using the following scale:*

5 – Excellent, 4 – Above Average, 3 – Average, 2 – Below Average, 1 – Beginner

_____ Attacking / Hitting (front row) _____ Attacking / Hitting (out of back row)

_____ Forearm Passing (w platform) _____ Overhand Passing (with hands)

_____ Setting _____ Blocking

_____ Defense / Digging (underhand) _____ Defense / Digging (overhand)

_____ Serving (Jumpspin) _____ Serving (Jumpfloat) _____ Serving (Standing Float)

Please describe briefly your goals for this camp. What skill/s do you want to focus on? What skill/s are your weakest that you want to improve and strengthen? What skill/s are your best that you want to perfect? Do you hope to play volleyball at the collegiate level and, if so, do you have interest in UCSB?

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