Camp Assessment Form – Rick McLaughlin Volleyball Camp – UCSB

Name:		Email Addre	Email Address:	
Age: _	Position/s:	Height:	Cell Phone #:	
Schoo	ol: Grade Se	p/2020: Yrs Expe	erience:Coach:	
How r	many matches did you play in last	season? Hov	w many matches did you start in?	
Club F	Program:	Yrs Experienc	ce: Coach:	
			How many started in?	
<u>Please</u>	e grade your skills using the follow	ing scale:		
5 – Ex	cellent, 4 – Above Average, 3 – Av	erage, 2 – Below Aver	rage, 1 – Beginner	
	Attacking / Hitting (front row)	Attack	ring / Hitting (out of back row)	
	Forearm Passing (w platform)	Overh	and Passing (with hands)	
	Setting	Blocki	ng	
	_ Defense / Digging (underhand)	Defer	nse / Digging (overhand)	
	Serving (Jumpspin)	Serving (Jumpfloat)	Serving (Standing Float)	
your v	weakest that you want to improve	and strengthen? Wha	do you want to focus on? What skill/s are at skill/s are your best that you want to and, if so, do you have interest in UCSB?	