



## Volleyball Questionnaire

### Personal Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number 1: \_\_\_\_\_ Phone Number 2: \_\_\_\_\_  
Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_  
Name of Parent(s)/Guardian(s): \_\_\_\_\_

### Volleyball Information

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Primary Position: \_\_\_\_\_ Secondary Position: \_\_\_\_\_  
Left/Right Handed: \_\_\_\_\_ Block Touch: \_\_\_\_\_ Approach Touch: \_\_\_\_\_

### Playing Experience

High School: \_\_\_\_\_ Years Experience: \_\_\_\_\_  
HS Coach Name: \_\_\_\_\_  
HS Coach Contact Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Club Team: \_\_\_\_\_ Club Coach: \_\_\_\_\_  
Club Coach Contact Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
Other Information, Awards, etc,: \_\_\_\_\_

### Academic Information

Intended Major/Interest: \_\_\_\_\_  
Please list the schools or level (NCAA D1, D2, NAIA, etc.,) you are interested in after LSSC: \_\_\_\_\_

### High School

Previous School: \_\_\_\_\_  
GPA: \_\_\_\_\_ SAT Score: \_\_\_\_\_ ACT Scale: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
Previous College/University (if applicable): \_\_\_\_\_  
GPA: \_\_\_\_\_ Total Credits Earned: \_\_\_\_\_

To submit your questionnaire, please click the submit button at the bottom of the form and the form uses your own email client to submit the form.

*Thank-you for your interest in Lake-Sumter State College Athletics.*

