

# CLACKAMAS COMMUNITY COLLEGE COUGAR VOLLEYBALL INTEREST FORM

Name \_\_\_\_\_ Phone (    ) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_

Zip \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Standing Reach \_\_\_\_\_ Jump Reach \_\_\_\_\_

High School \_\_\_\_\_

High School Coach \_\_\_\_\_

Year of Graduation \_\_\_\_\_ GPA \_\_\_\_\_

School League \_\_\_\_\_

School Division (1A, 2A, 3A, 4A, 5A, 6A) \_\_\_\_\_

USVBA Club Team \_\_\_\_\_

Club Coach Name \_\_\_\_\_

High School Coach Phone \_\_\_\_\_

Club Coach Phone \_\_\_\_\_

Primary Position \_\_\_\_\_

R or L Handed \_\_\_\_\_

Strengths/Comments

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What other positions are you willing to play?

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What other sports have you competed in?

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List any athletic honors or awards. (Specify Sport)

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Do you have any knee, ankle, shoulder or back injuries which could hinder you from playing college volleyball?    **Yes**    **No**

If yes, please explain

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What is your academic major, if decided?

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Hobbies/Interests

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Parents/Family names

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Have you applied for Financial Aid?    **Yes**    **No**

Did you list Clackamas CC as a school to receive the results?    **Yes**    **No**

Email address: \_\_\_\_\_

**PLEASE RETURN TO:**  
**Kathie Woods, Volleyball Coach**  
**Clackamas Community College**  
**19600 S. Molalla Ave.**  
**Oregon City, OR 97045**