

Oregon School Activities Association

25200 SW Parkway Avenue, Suite 1 Wilsonville, OR 97070 503.682.6722 http://www.osaa.org



STUDENT ATHLETIC INTEREST SURVEY

This survey contains no information that identifies you. You do not need to list your name anywhere on the sheet. You are not required to participate in this survey, but we encourage each student to complete this survey to help determine the interest in the athletic program in our school/school district.

Sc	School:	Grade:	Date:	Date:	
	(Check One): MALE	FEMALE	NON-BINARY		
1.	L. Do you currently participate in a sport at your school	? Yes	No		
	If you said YES, list the sport(s):				
2.	If you said No , why not? Check all that apply.				
	I am not interested in playing any sport				
	I am not interested in the sports offered by my school				
	Tried out, but did not make the team				
	Two of the sports I like are offered at the same time				
	Low grades				
	After-school job				
	After-school responsibilities for my family				
	After-school participation in other school-related activities				
	Parents do not want me to play sports				
	I have a conflict with the coach				
	It is too expensive to participate				
	Other:				
3.	3. Do you currently play a sport outside of your school community center, a select team, or a club team?	ol sports progra Yes	m? For example, a sport o No	ffered by a	
	If you said YES, list the sport(s):				
4.	 Are all sports that you are interested in playing ofference 	ed at your scho	ol? Yes No		

5.	Would you participate in the following sport(s) if the opportunity were available to you?		
	Check up to four sports - <u>DO NOT</u> select	a sport you are already playing at your school!	
	Baseball	Swimming	
	Basketball	Tennis	
	Cross Country	Track and Field	
	Softball	Volleyball	
	Football	Wrestling	
	Golf	Other:	
	Soccer	Other:	
6.	6. Are there any sports that interest you that do not appear in question 5? If so, what are they?		
7	(OPTIONAL) Additional comments or concerns you would like to share about your interest in athletics.		
	(0,7,70,70,12), (0,0)	series you would like to share about your like. Est in atmetiss.	
8.	(OPTIONAL) If you would like to be contacted to discuss your responses to this survey or to share you interest in adding a sport, please print your name below:		
	Name:		

Questions concerning this form should be directed to K.T. Emerson, Assistant Executive Director, OSAA, kte@osaa.org